

APPENDIX A

Regional and Statewide Section XVI Outcome and Performance Measure Data

This appendix presents the Section XVI outcome and performance measure data for the two most recent reporting periods: January 1, 2012 through January 1, 2013 and January 1, 2013 through January 1, 2014. A separate table is included for each outcome and performance measure.¹ Each table presents the percentage reflecting the level of achievement of each of the regions individually with respect to the outcome or performance measure, the percentage reflecting the statewide level of achievement with respect to the outcome or performance measure, and the Settlement Agreement requirement. The applicable Settlement Agreement provision appears in the title to each table.

¹ Achievement measures upon discharge data is unavailable for this reporting period. The Department has recently developed a 31 question Transitional Survey (the source of the achievement measures data) that has replaced the previous questionnaire, and the questions related to the achievement measures have been worded more clearly. That new survey has been available in TFACTS since November 2013, and the Department has been generating some preliminary reporting from that survey, beginning with the first quarter of 2014. The Department is still working with the field to ensure that these surveys are being conscientiously filled out.

XVI.A.1 Reunification or Living with Relatives within 12 Months of Custody						
Region	Children Exiting Care to Reunification or Relative Placement Between 1/1/13 and 1/1/14			Children Exiting Care to Reunification or Relative Placement Between 1/1/12 and 1/1/13		
	Within 12 Months	Within 24 Months	Over 24 Months	Within 12 Months	Within 24 Months	Over 24 Months
Davidson	80%	71%	29%	78%	83%	17%
East	81%	83%	17%	72%	83%	17%
Knox	56%	88%	12%	58%	74%	26%
Mid-Cumberland	72%	84%	16%	68%	81%	19%
Northeast	61%	81%	19%	70%	82%	18%
Northwest	60%	92%	8%	62%	85%	15%
Shelby	70%	68%	32%	71%	72%	28%
Smoky Mountain	64%	87%	13%	64%	70%	30%
South Central	69%	79%	21%	59%	75%	25%
Southwest	71%	59%	42%	58%	82%	18%
Tennessee Valley	72%	81%	19%	72%	80%	20%
Upper Cumberland	65%	81%	19%	64%	86%	14%
Statewide	69%	80%	20%	67%	78%	22%
Settlement Agreement Requirement	80%	75%		80%	75%	

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.2 Adoptions Finalized Within 12 Months of Full Guardianship		
Region	Full Guardianship Obtained Between 1/1/12 and 1/1/13	Full Guardianship Obtained Between 1/1/11 and 1/1/12
Davidson	75%	81%
East	85%	85%
Knox	83%	75%
Mid-Cumberland	79%	80%
Northeast	71%	72%
Northwest	65%	50%
Shelby	78%	83%
Smoky Mountain	86%	79%
South Central	86%	69%
Southwest	79%	87%
Tennessee Valley	71%	59%
Upper Cumberland	82%	62%
Statewide	80%	74%
Settlement Agreement Requirement	75%	75%

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.3 Number of Placements				
Region	Children in Custody Between 1/1/13 and 1/1/14		Children in Custody Between 1/1/12 and 1/1/13	
	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody	Two or Fewer Placements within Prior 12 Months of Custody	Two or Fewer Placements within Prior 24 Months of Custody
Davidson	93%	80%	93%	81%
East	93%	79%	92%	82%
Knox	93%	80%	92%	83%
Mid-Cumberland	93%	81%	94%	84%
Northeast	95%	85%	95%	86%
Northwest	93%	80%	91%	79%
Shelby	93%	84%	92%	82%
Smoky Mountain	93%	83%	93%	82%
South Central	92%	77%	90%	77%
Southwest	92%	81%	93%	83%
Tennessee Valley	94%	84%	92%	81%
Upper Cumberland	92%	82%	95%	87%
Statewide	93%	82%	93%	83%
Settlement Agreement Requirement	90%	85%	90%	85%

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.4 Length of Time in Placement						
Region	Children in Custody Between 1/1/13 and 1/1/14			Children in Custody Between 1/1/12 and 1/1/13		
	Two Years or Less	Between Two and Three Years	More than Three Years	Two Years or Less	Between Two and Three Years	More than Three Years
Davidson	81%	12%	8%	84%	9%	7%
East	84%	10%	6%	86%	8%	6%
Knox	83%	10%	8%	84%	10%	7%
Mid-Cumberland	87%	9%	4%	86%	9%	6%
Northeast	79%	14%	8%	81%	12%	6%
Northwest	87%	9%	4%	89%	6%	5%
Shelby	80%	11%	10%	81%	11%	8%
Smoky Mountain	80%	11%	9%	81%	12%	8%
South Central	79%	11%	10%	80%	10%	10%
Southwest	81%	10%	9%	76%	14%	10%
Tennessee Valley	79%	13%	8%	80%	11%	9%
Upper Cumberland	89%	8%	4%	88%	8%	5%
Statewide	82%	11%	7%	83%	10%	7%
Settlement Agreement Requirement	75%	no more than 17%	no more than 8%	75%	no more than 17%	no more than 8%

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.A.5 Reentry Within 12 Months of Most Recent Discharge Date		
Region	Children Exiting Custody Between 1/1/12 and 1/1/13	Children Exiting Custody Between 1/1/11 and 1/1/12
Davidson	6%	6%
East	10%	6%
Knox	5%	3%
Mid-Cumberland	4%	4%
Northeast	5%	5%
Northwest	4%	5%
Shelby	6%	8%
Smoky Mountain	4%	6%
South Central	6%	7%
Southwest	5%	3%
Tennessee Valley	6%	6%
Upper Cumberland	5%	3%
Statewide	6%	6%
Settlement Agreement Requirement	no more than 5%	no more than 5%

Source: "Section XVI A" report produced by Chapin Hall from TFACTS data.

XVI.B.1 Parent-Child Visiting				
Region	Children in Out-of-Home Placement with Reunification Goals During December 2013		Children in Out-of-Home Placement with Reunification Goals During December 2012	
	Twice per Month	Once Per Month	Twice per Month	Once Per Month
Davidson	30%	35%	29%	37%
East	37%	28%	28%	29%
Knox	44%	29%	24%	36%
Mid-Cumberland	27%	28%	35%	29%
Northeast	27%	24%	30%	20%
Northwest	51%	25%	56%	53%
Shelby	35%	38%	13%	29%
Smoky Mountain	34%	34%	33%	29%
South Central	41%	34%	23%	38%
Southwest	35%	28%	39%	46%
Tennessee Valley	38%	27%	26%	29%
Upper Cumberland	31%	49%	16%	28%
Statewide	34%	32%	27%	30%
Settlement Agreement Requirement	50%	60%	50%	60%

Source: TFACTS "Parent Child Visit *Brian A.* Summary Report" for December 2012 and December 2013.

XVI.B.2 Placing Siblings Together		
Region	Sibling Groups Entering Custody Within 30 Days of Each Other During Fiscal Year 2012-13	Sibling Groups Entering Custody Within 30 Days of Each Other During Fiscal Year 2011-12
Davidson	88%	76%
East	87%	79%
Knox	89%	78%
Mid-Cumberland	88%	88%
Northeast	85%	82%
Northwest	77%	61%
Shelby	68%	81%
Smoky Mountain	76%	85%
South Central	84%	98%
Southwest	70%	81%
Tennessee Valley	83%	79%
Upper Cumberland	85%	86%
Statewide	82%	82%
Settlement Agreement Requirement	85%	85%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

XVI.B.3 Sibling Visiting		
Region	Sibling Groups Entering Custody Within 30 Days of Each Other Who Were Separated During December 2013: % Visiting at Least Once During the Month	Sibling Groups Entering Custody Within 30 Days of Each Other Who Were Separated During December 2012: % Visiting at Least Once During the Month
Davidson	69%	61%
East	54%	57%
Knox	66%	35%
Mid-Cumberland	54%	16%
Northeast	34%	30%
Northwest	66%	90%
Shelby	64%	40%
Smoky Mountain	48%	37%
South Central	61%	55%
Southwest	33%	67%
Tennessee Valley	64%	70%
Upper Cumberland	43%	38%
Statewide	55%	48%
Settlement Agreement Requirement	90%	90%

Source: TFACTS "Sibling Visitation Summary" report for December 2012 and December 2013.

XVI.B.4 Filing a Petition to Terminate Parental Rights				
Region	Children with Sole Adoption Established Between 1/1/13 and 12/31/13		Children with Sole Adoption Goals Established Between 1/1/12 and 12/31/12	
	TPR Activity within 3 Months	TPR Activity within 6 Months	TPR Activity within 3 Months	TPR Activity within 6 Months
Davidson	63%	71%	65%	85%
East	94%	94%	94%	98%
Knox	98%	99%	95%	99%
Mid-Cumberland	93%	100%	90%	92%
Northeast	100%	100%	88%	96%
Northwest	100%	100%	93%	100%
Shelby	86%	91%	48%	67%
Smoky Mountain	90%	94%	86%	96%
South Central	100%	100%	97%	100%
Southwest	60%	100%	76%	83%
Tennessee Valley	80%	83%	83%	84%
Upper Cumberland	94%	100%	87%	87%
Statewide	93%	96%	85%	91%
Settlement Agreement Requirement	70%	85%	70%	85%

Source: "TAC Sole Goal of Adoption Report ", 2012 and 2013 cohort years.

XVI.B.5 PPLA Goals		
Region	Children in Custody on December 26, 2013 Who Had Sole PPLA goals	Children in Custody on December 30, 2012 Who Had Sole PPLA goals
Davidson	0.3%	0.3%
East	0.0%	0.0%
Knox	0.2%	0.0%
Mid-Cumberland	0.0%	0.2%
Northeast	0.0%	0.2%
Northwest	0.0%	0.0%
Shelby	0.0%	0.1%
Smoky Mountain	0.1%	0.6%
South Central	0.5%	0.5%
Southwest	0.0%	0.8%
Tennessee Valley	0.9%	0.5%
Upper Cumberland	0.3%	0.0%
Statewide	0.2%	0.2%
Settlement Agreement Requirement	no more than 5%	no more than 5%

Source: TFACTS Brian A. "Mega Reports" for December 30, 2012 and December 26, 2013.

XVI.B.6 Placements Within 75 Miles		
Region	Children in Custody January through March, 2014	Children in Custody During April 2013 (Approach 1/Approach 2) ²
Davidson	89%	86%/82%
East	89%	86%/84%
Knox	90%	83%/80%
Mid-Cumberland	87%	87%/85%
Northeast	70%	89%/89%
Northwest	87%	82%/79%
Shelby	98%	93%/90%
Smoky Mountain	87%	85%/84%
South Central	86%	88%/88%
Southwest	93%	90%/88%
Tennessee Valley	90%	89%/87%
Upper Cumberland	85%	82%/81%
Statewide	90%	87%/85%
Settlement Agreement Requirement	85%	85%

Source: TFACTS *Brian A. 75 Mile Placement Detail* for April 2013 and the Vanderbilt Center of Excellence DCS Network Adequacy Report for the first quarter of 2014.

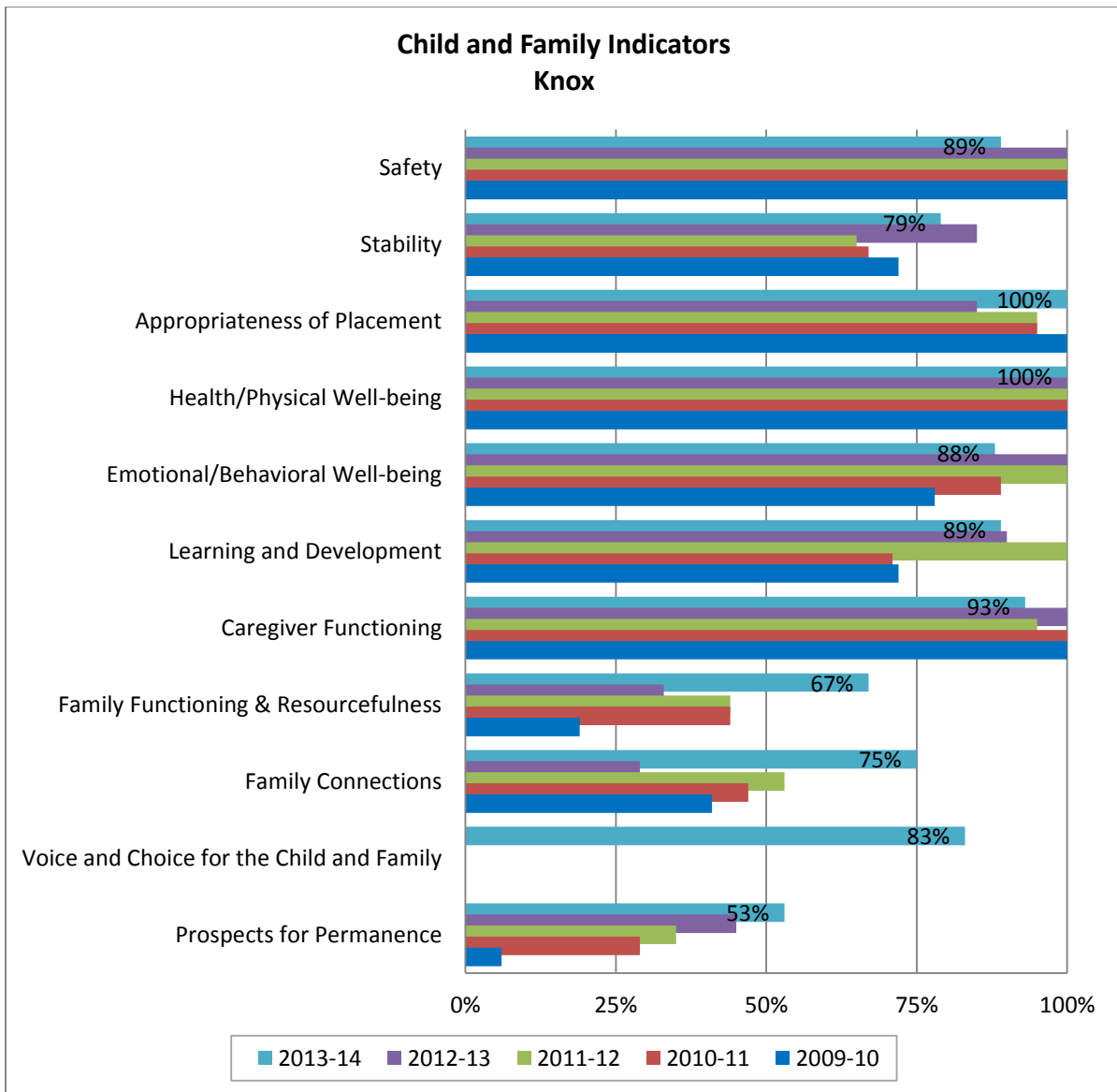
² The two percentages in this table represent the two approaches that the TAC took to reporting on this requirement. See Section One of the June 2013 Monitoring Report beginning at page 36 for explanation of the two approaches.

APPENDIX B

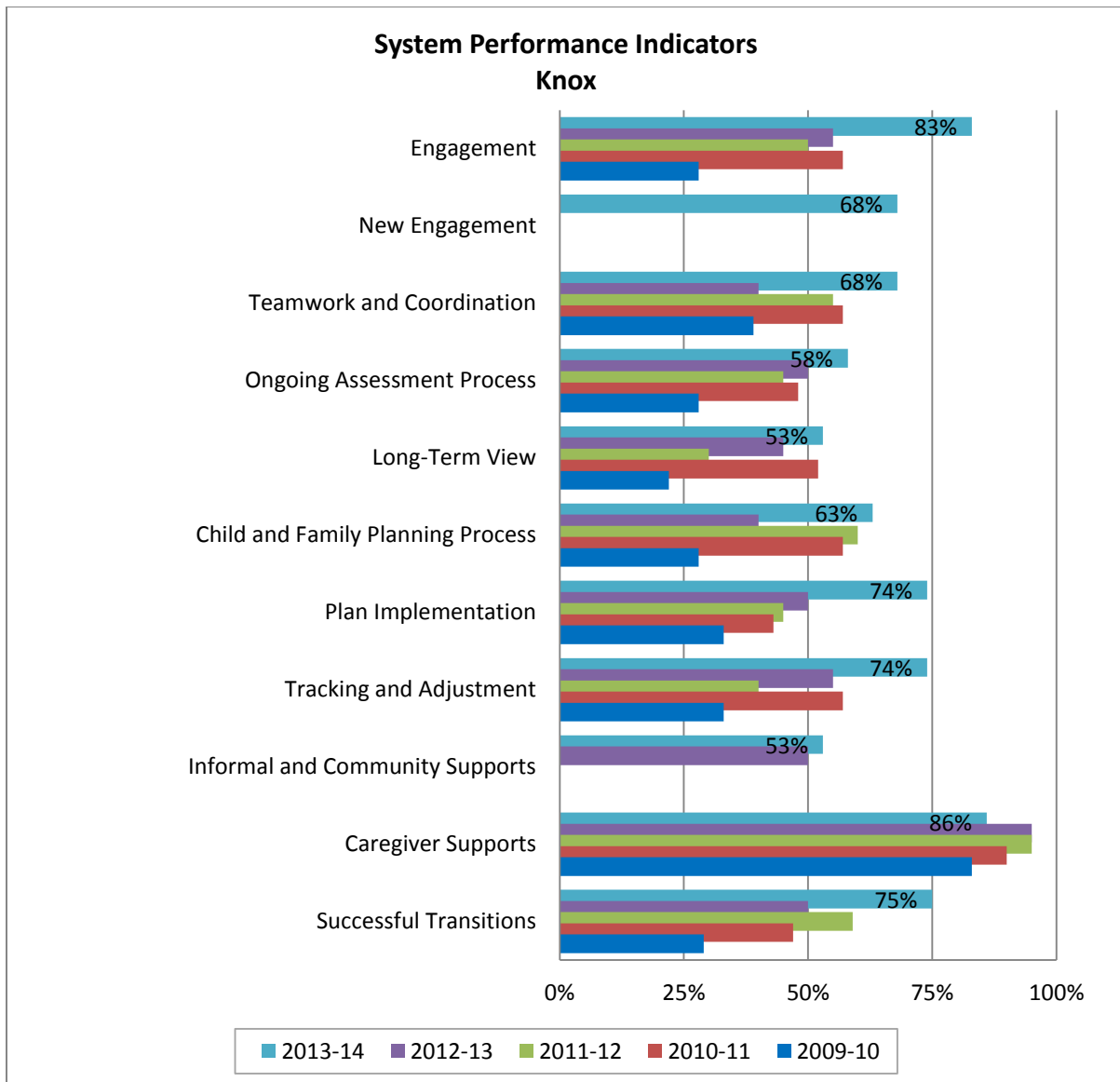
Regional QSR Figures

This appendix includes the percentage of acceptable Quality Service Review (QSR) scores for each region for the last five review years, 2009-10 through 2013-14. The regions' figures are presented in the order in which they were reviewed in the 2013-14 QSR process.¹

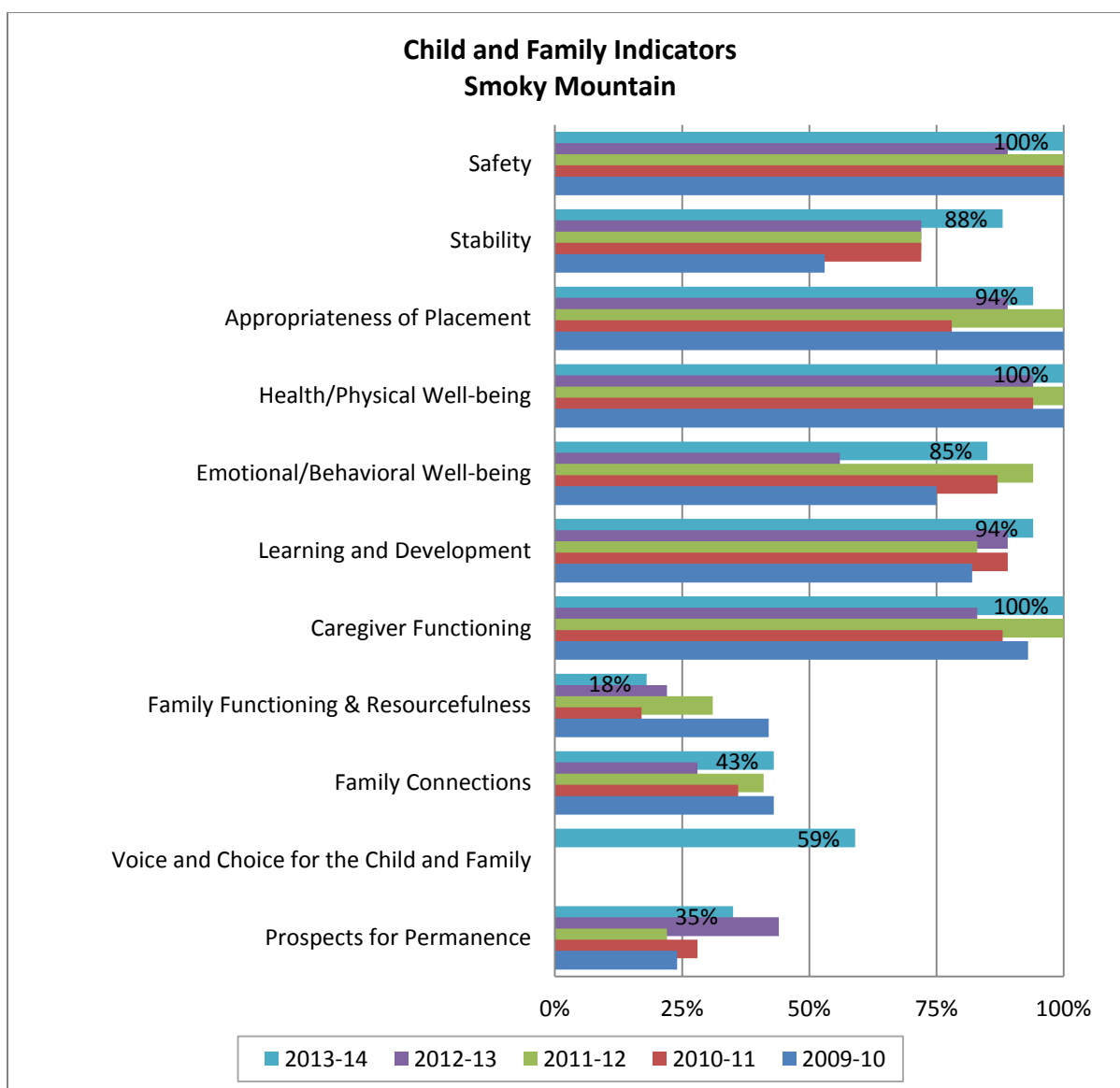
¹ The new Voice and Choice of the Child and Family indicator (much as the prior version of the Engagement indicator has in past QSRs) measures the extent to which the child and family are active and committed participants in the “change process.” The revised Engagement indicator (beginning with the 2013-14 QSR) now focuses on “the diligence of professionals in locating, reaching out to, building relationships with, and overcoming barriers of the child and family in order to ensure that the child and family are participating in the process of change.” To compare scores over time, the 2013-14 Engagement score is for the Voice and Choice for the Child and Family indicator because this new indicator now measures what the Engagement indicator had in previous QSR years. The Informal and Community Supports indicator was added to the 2012-13 QSR protocol and process to combine elements of the Resource Availability and Informal Support and Community Involvement indicators.



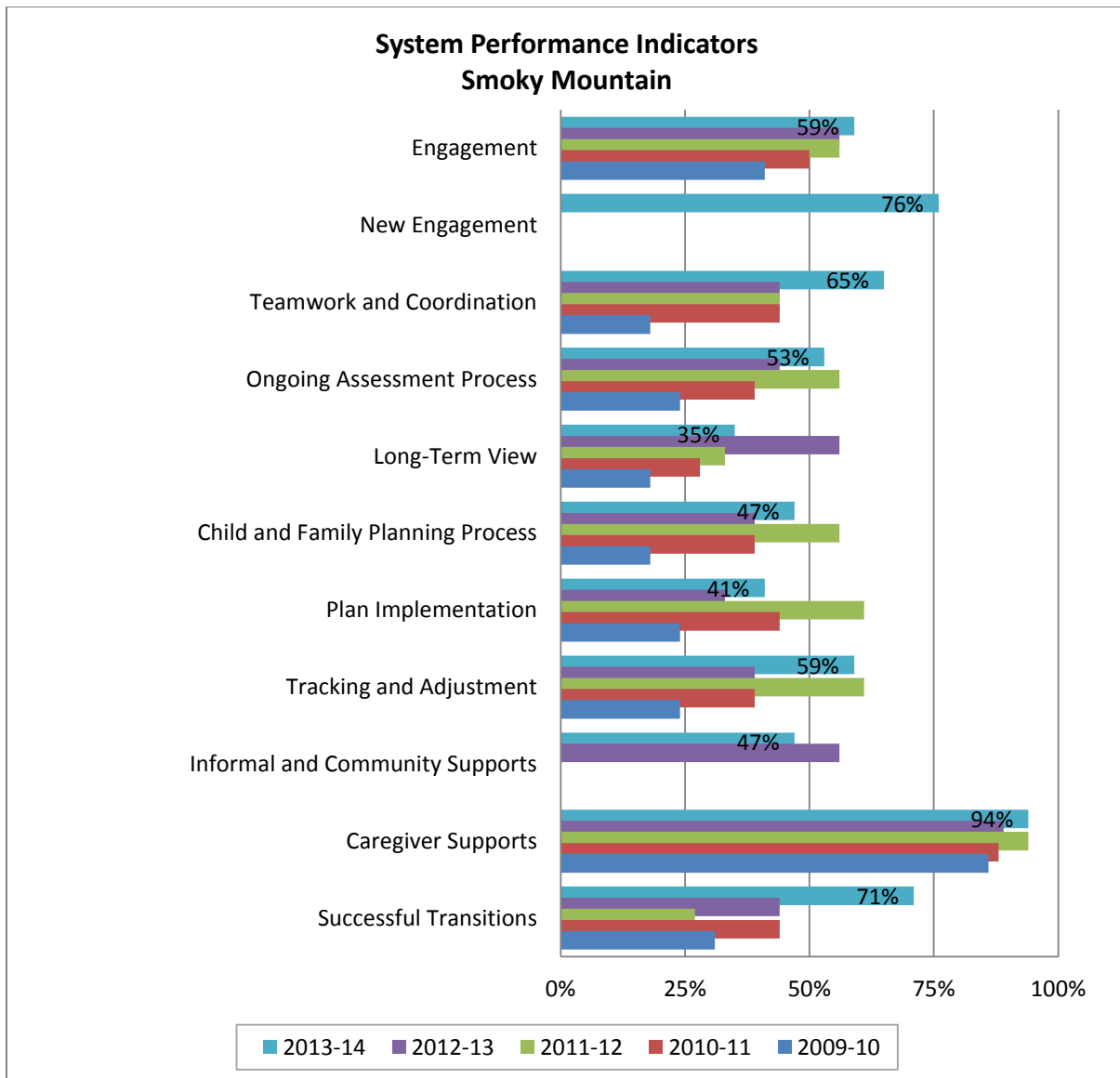
Source: QSR Databases.



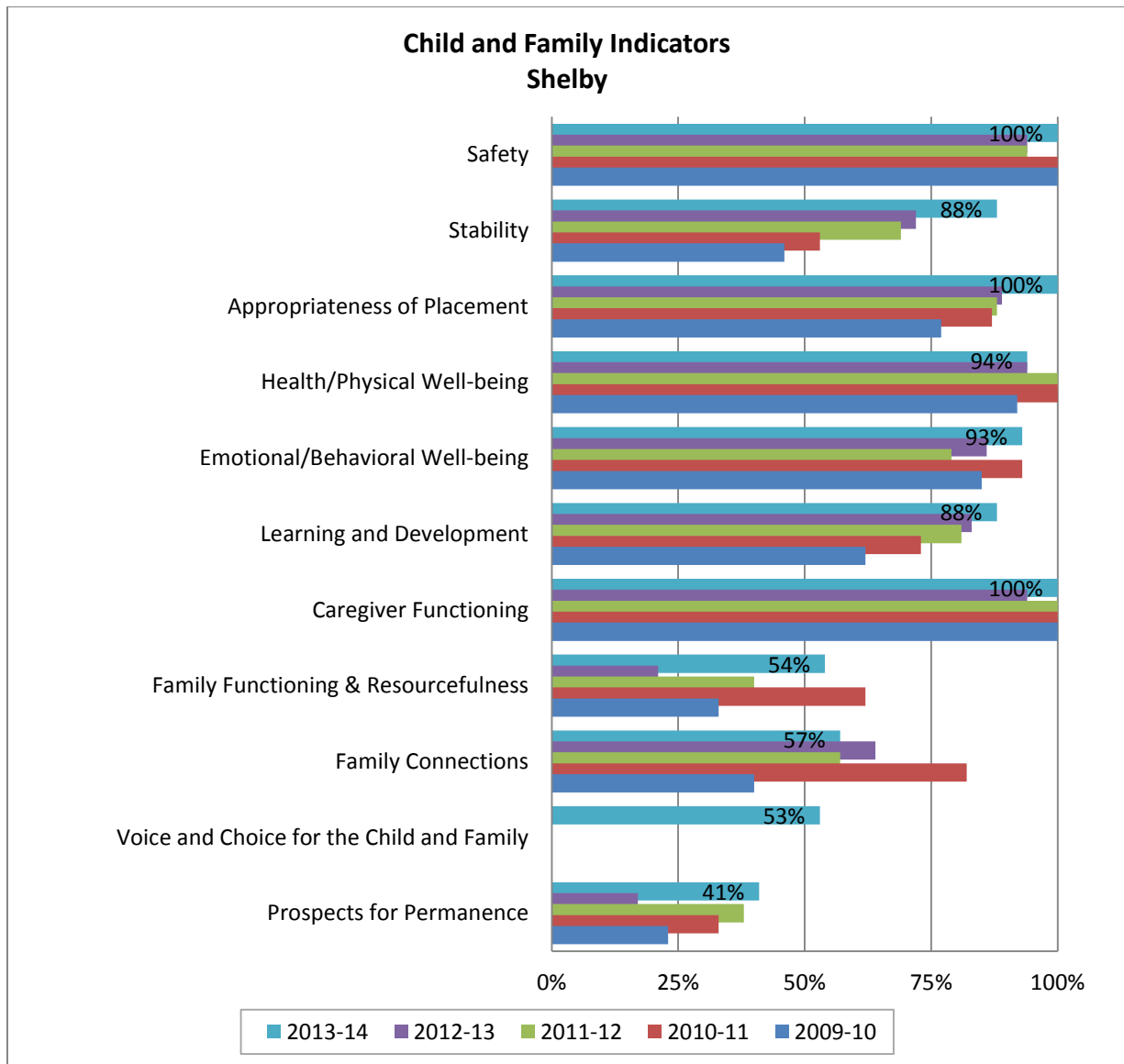
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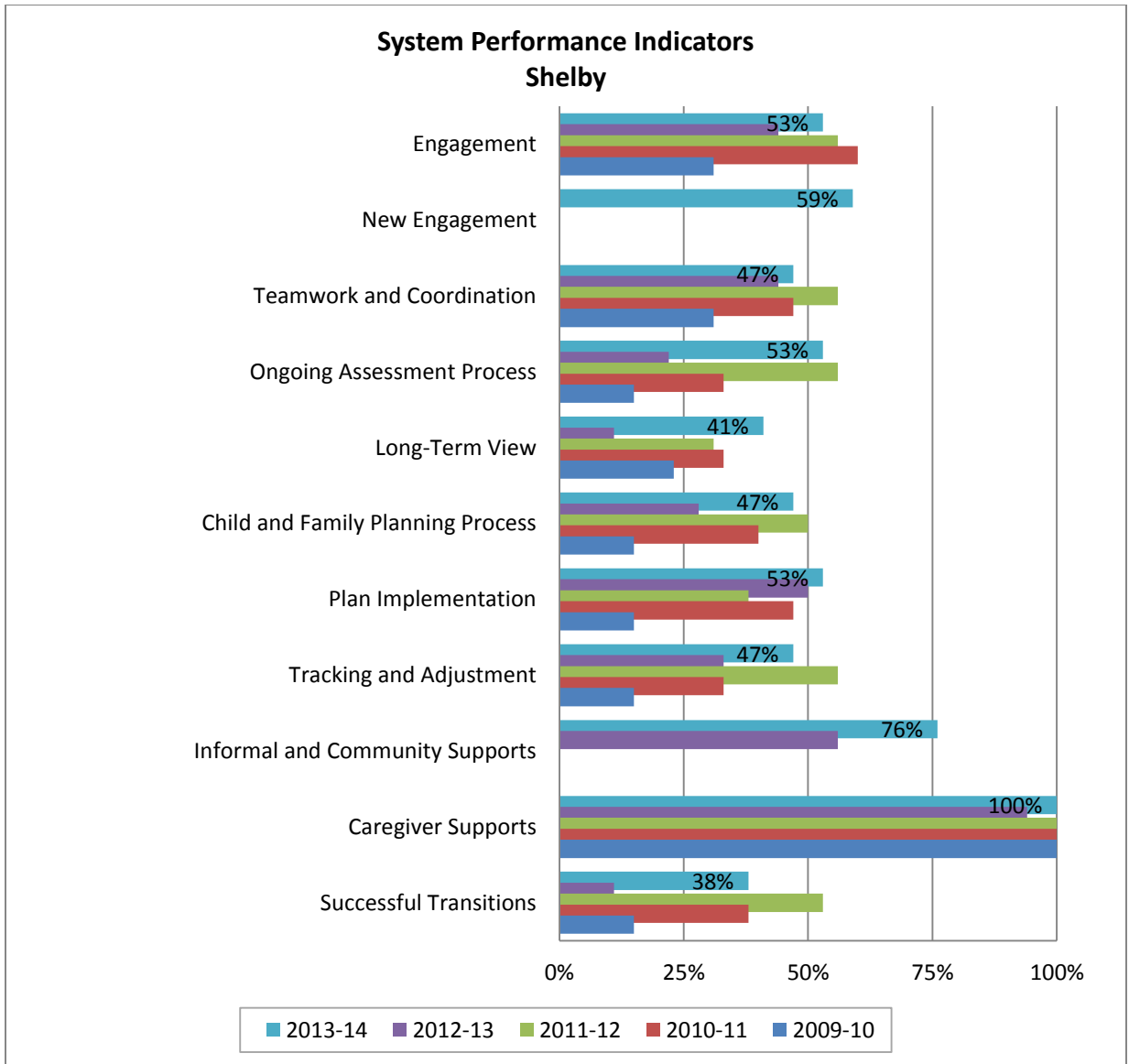
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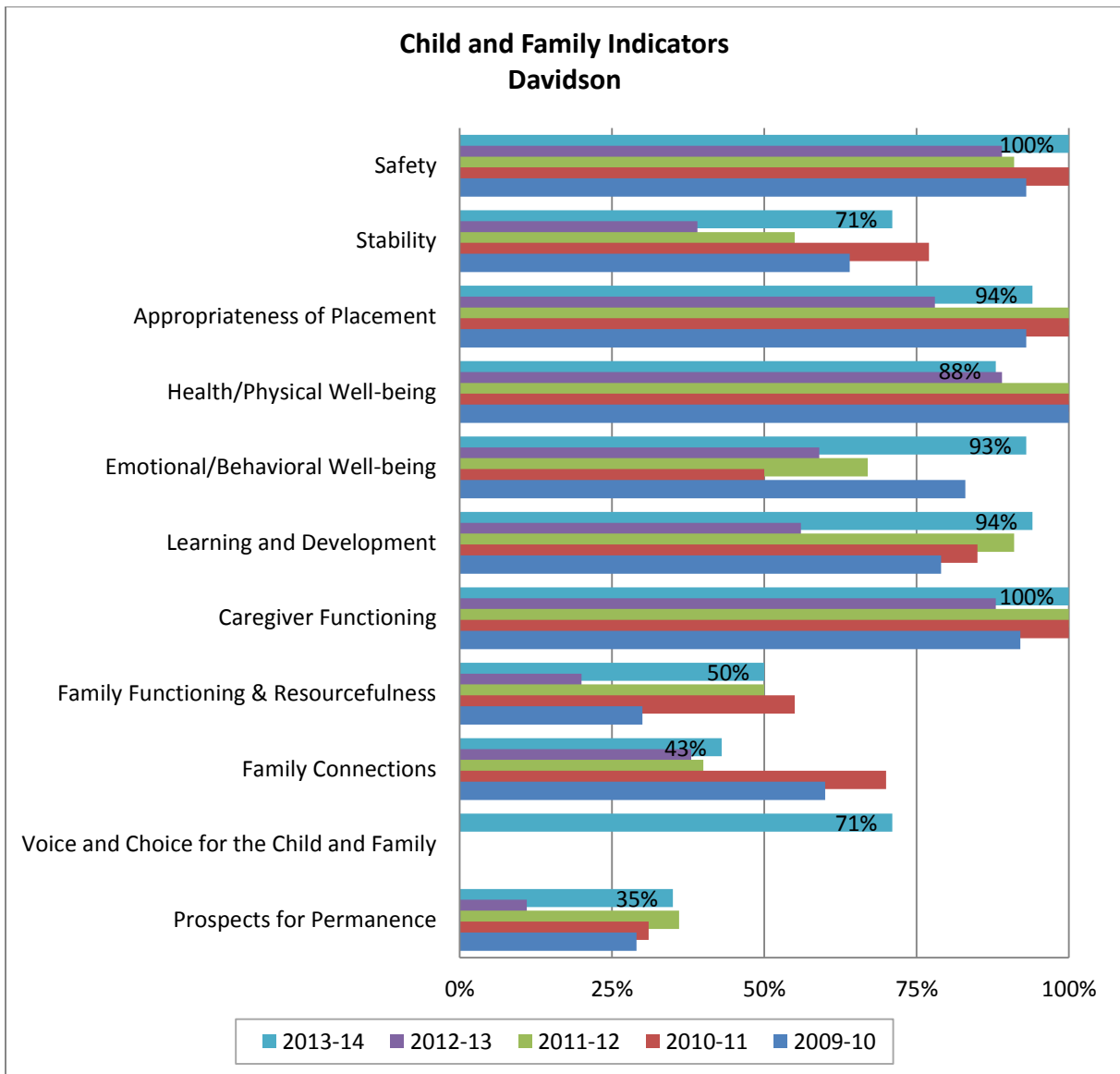
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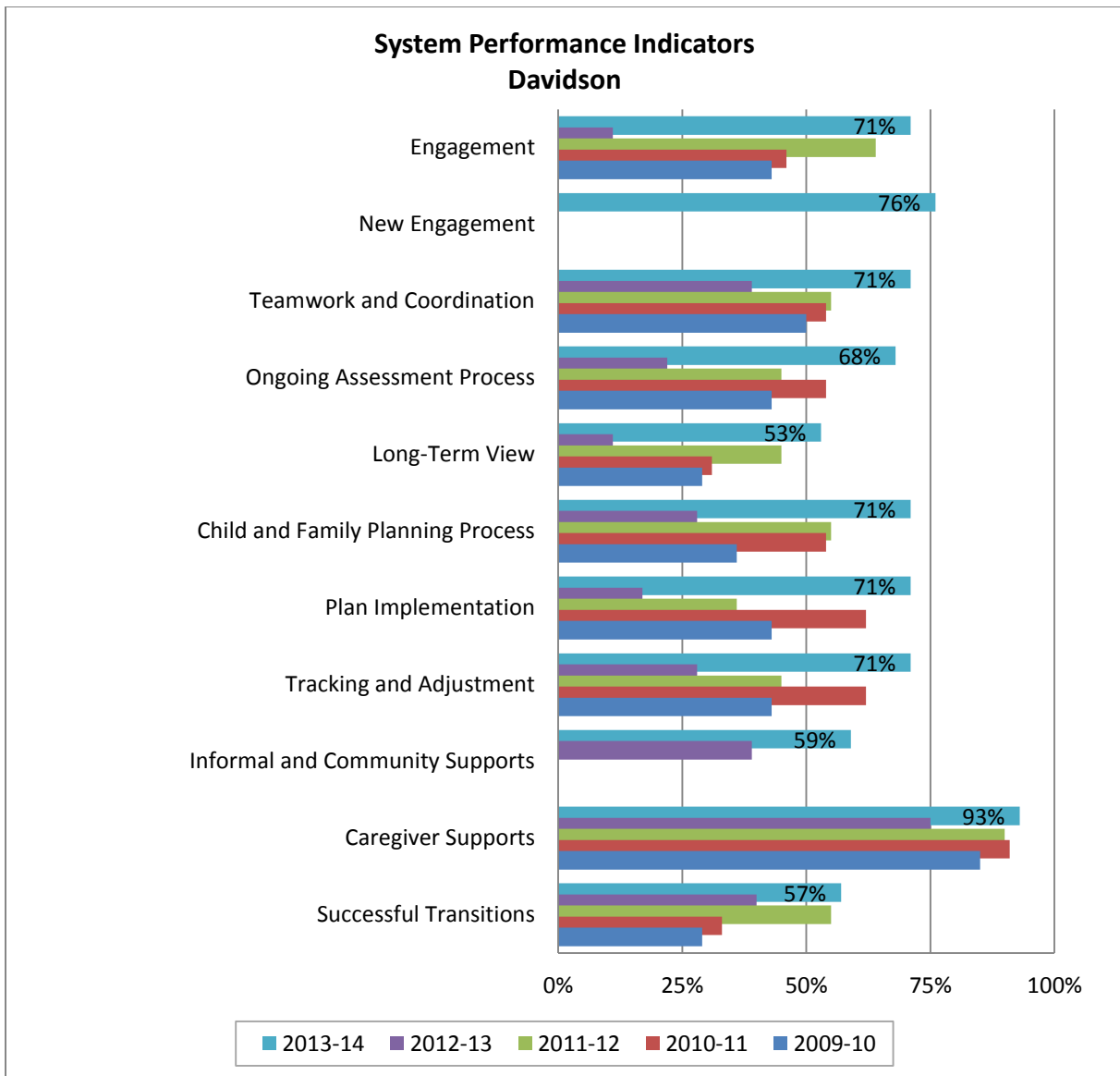
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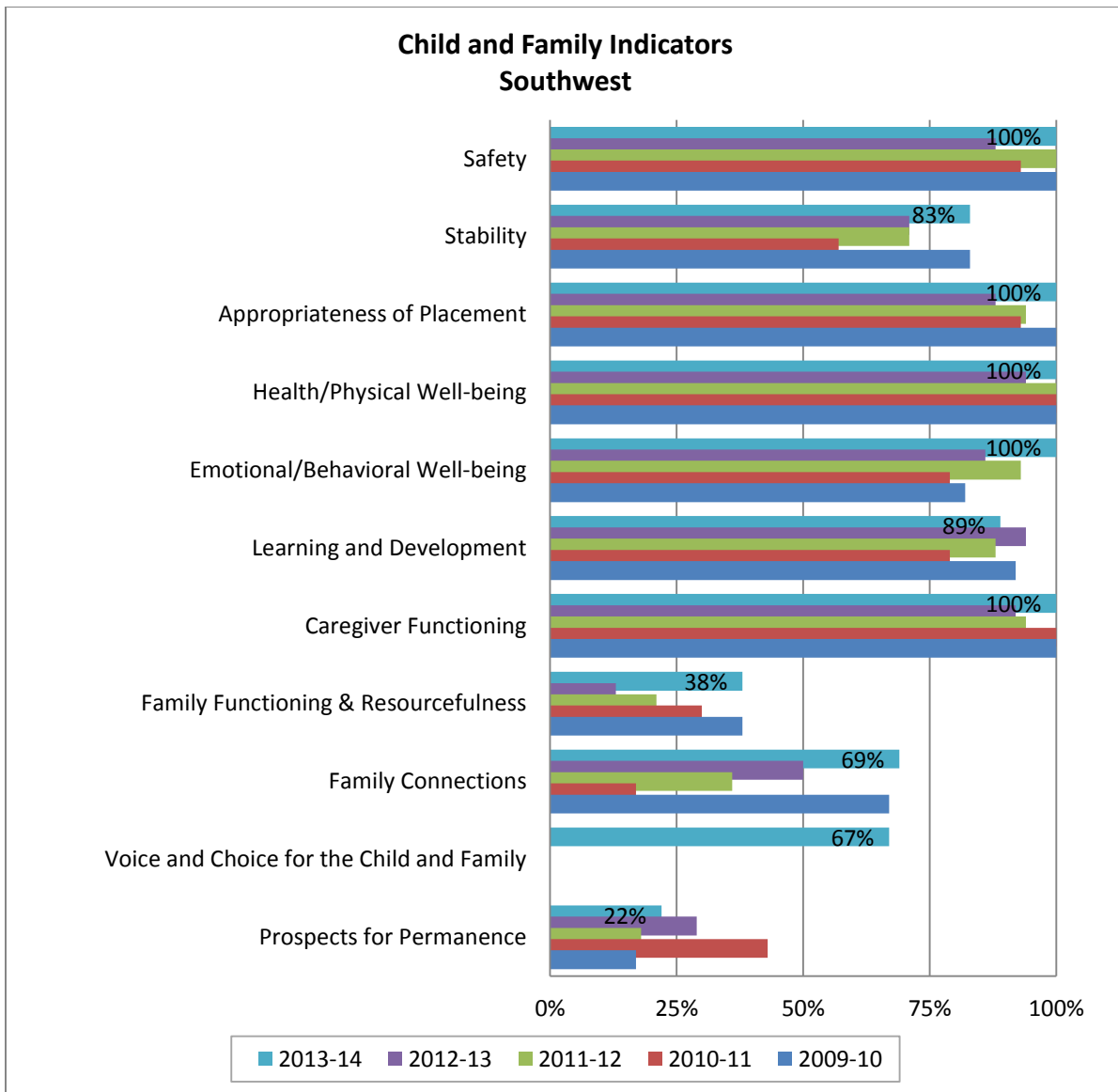
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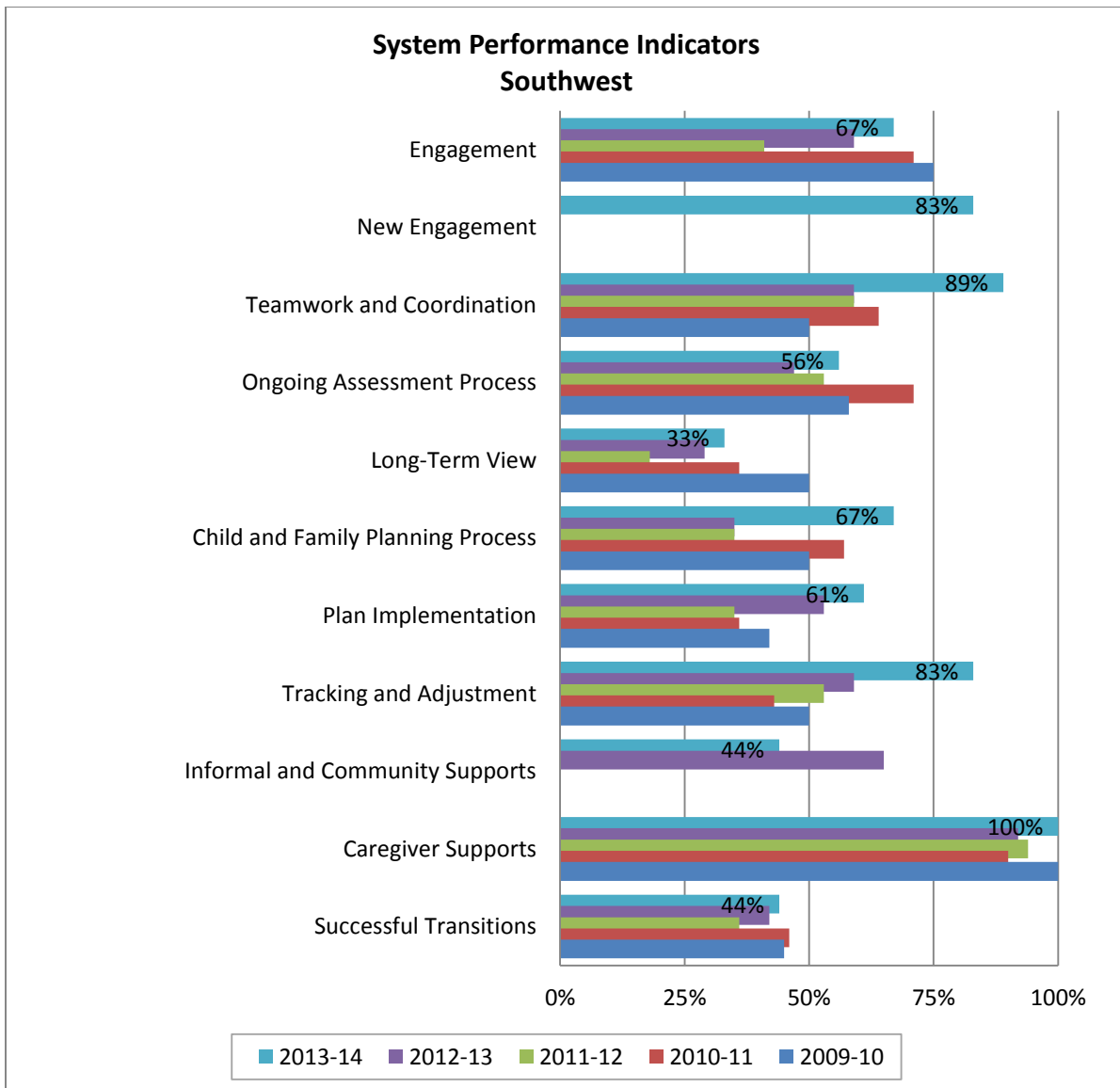
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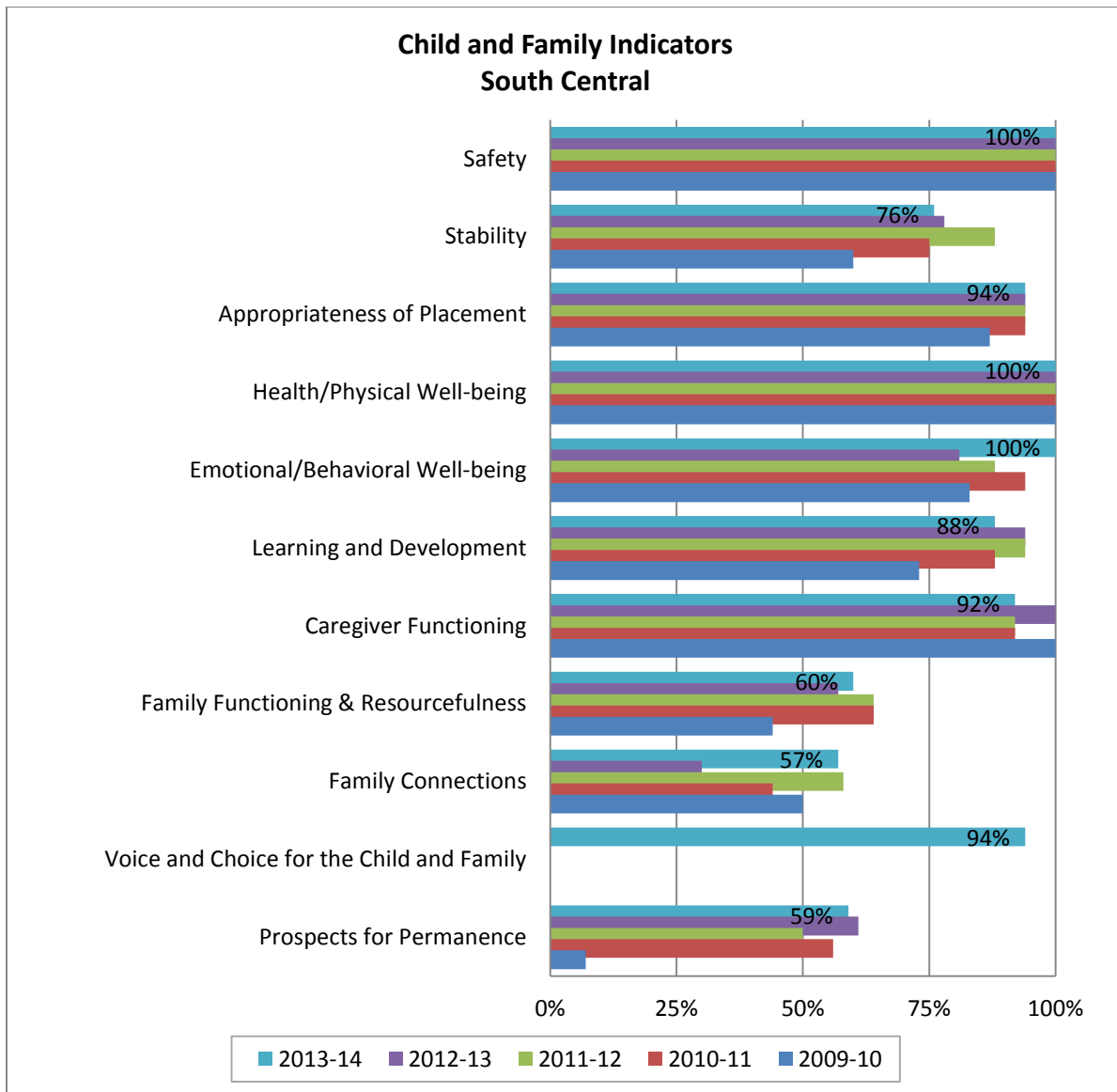
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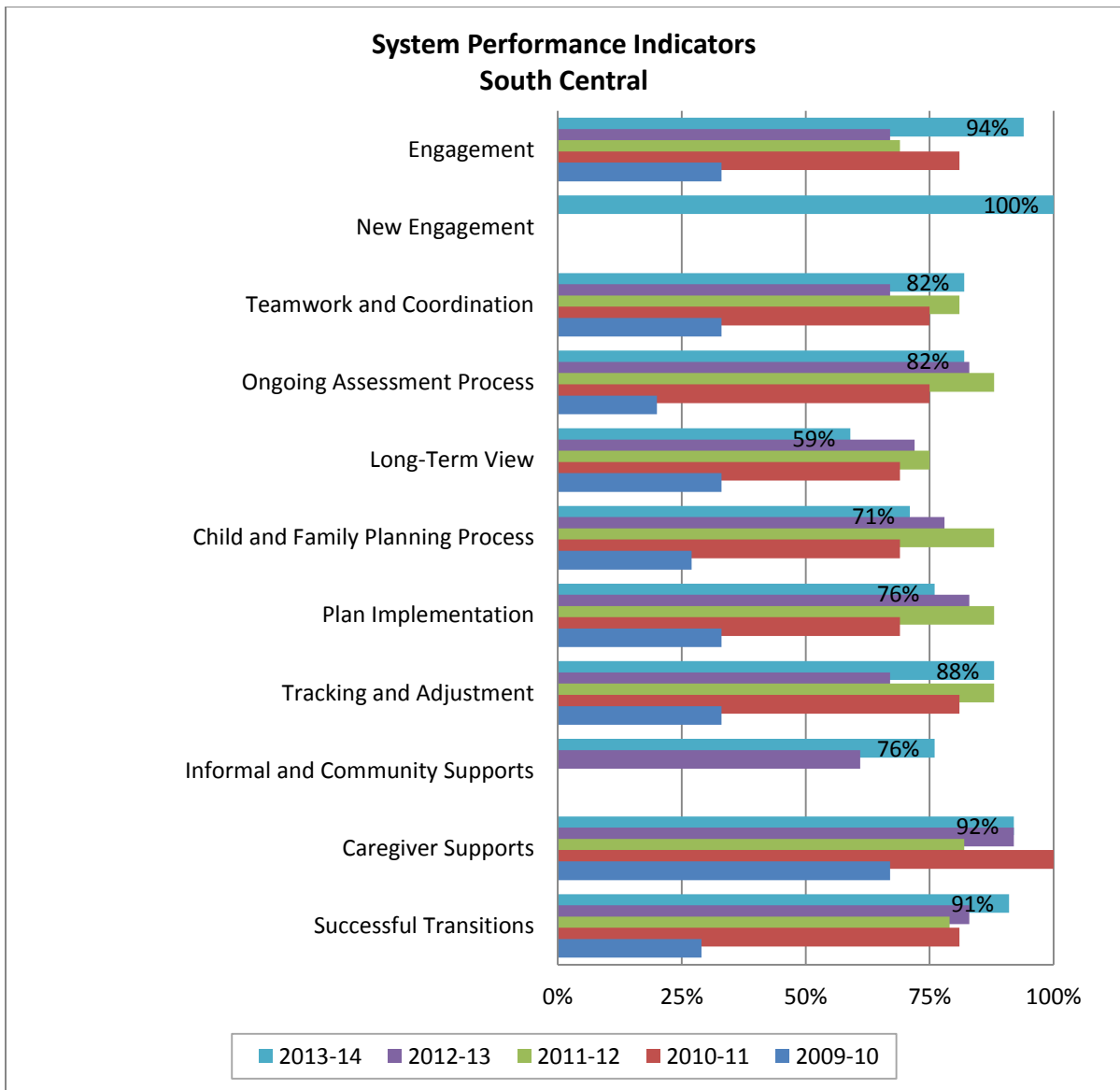
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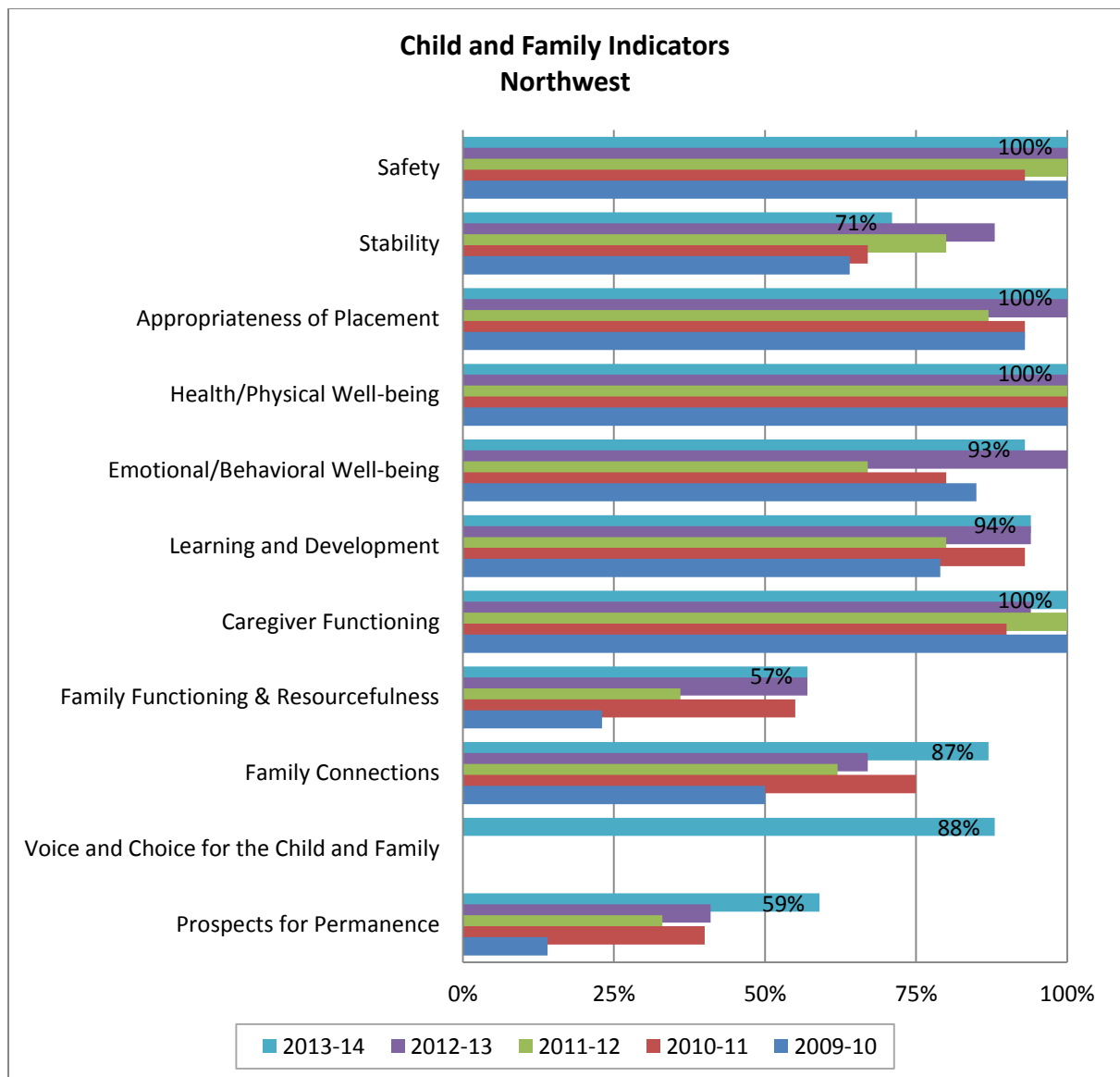
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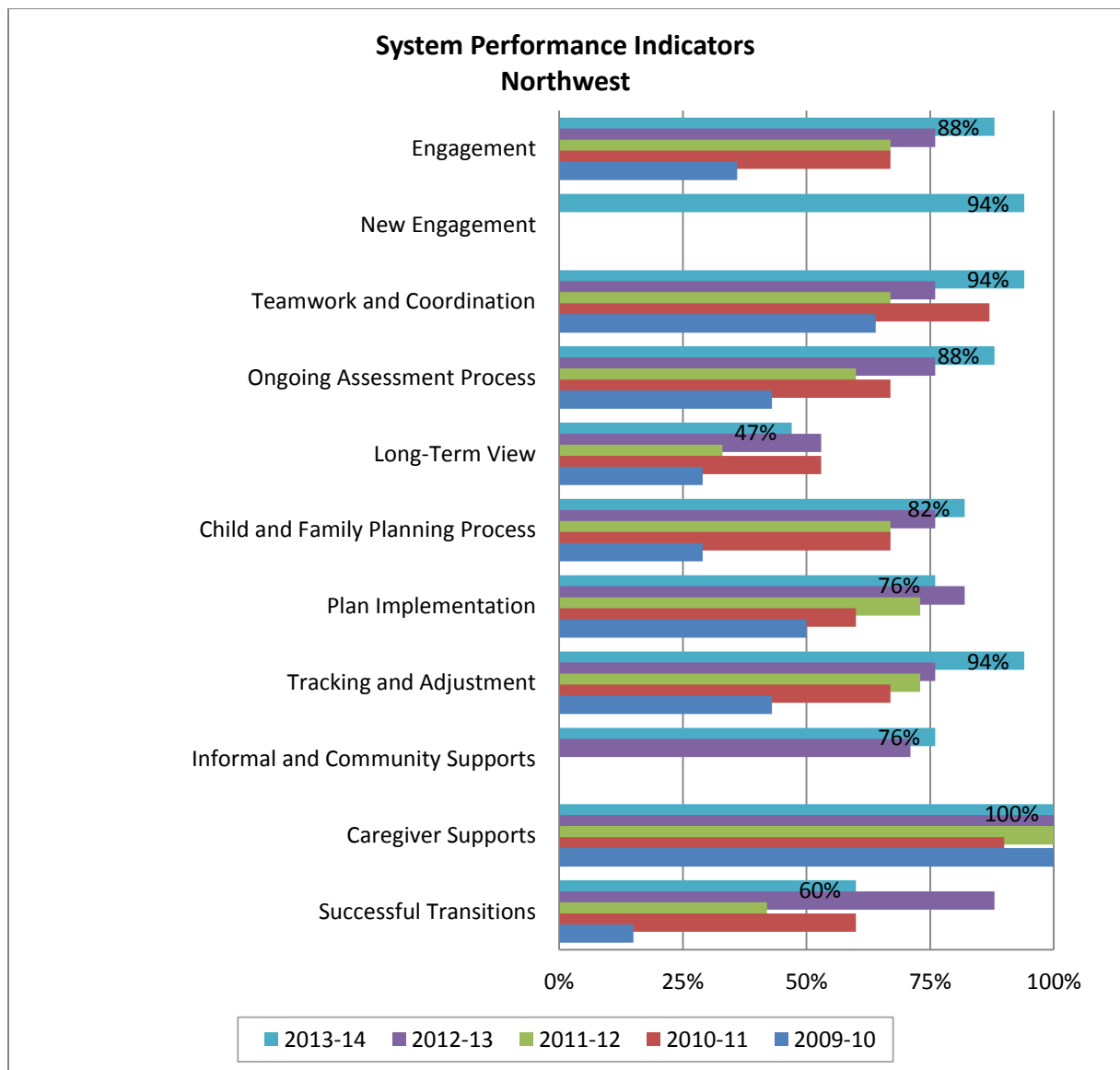
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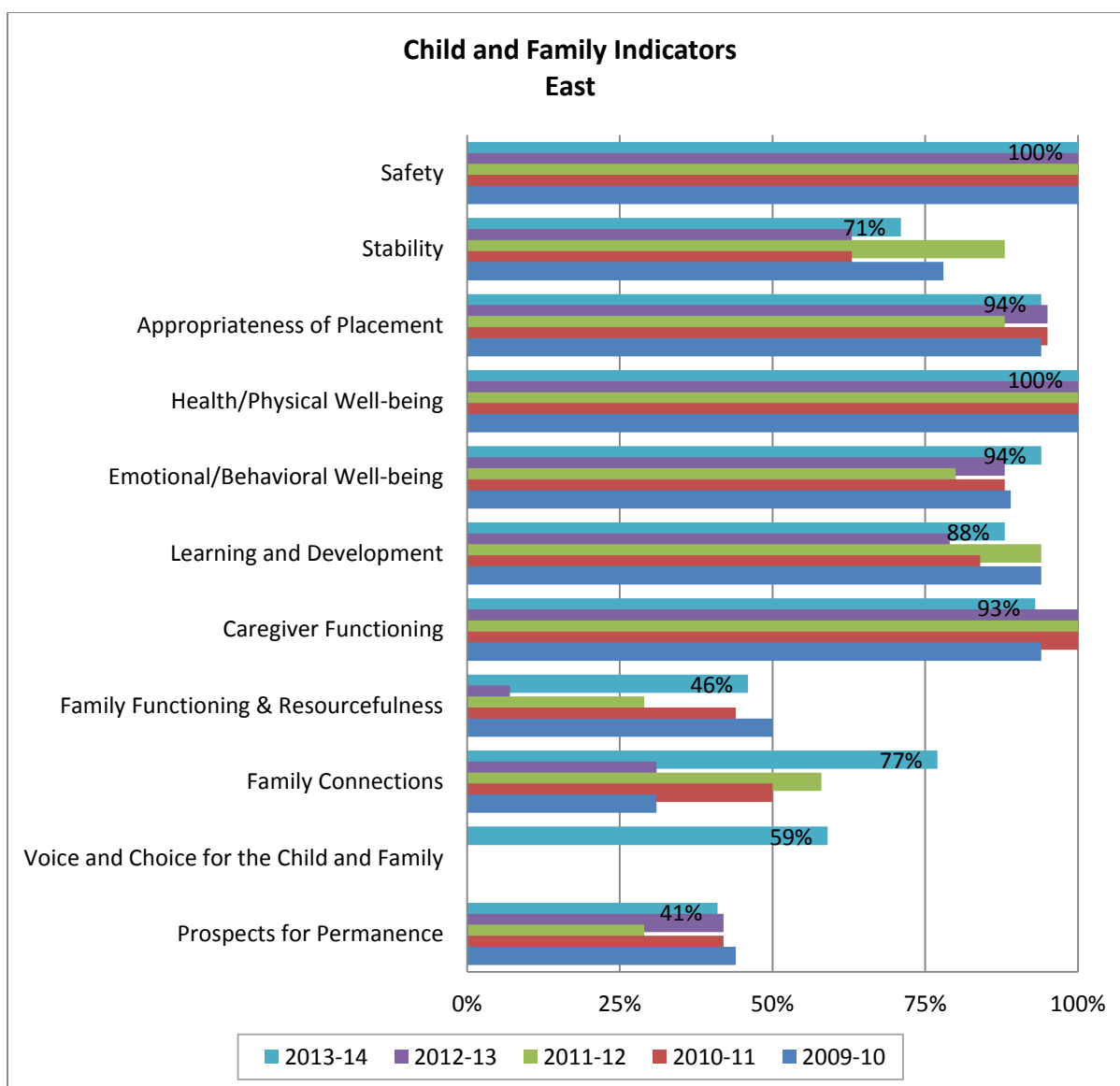
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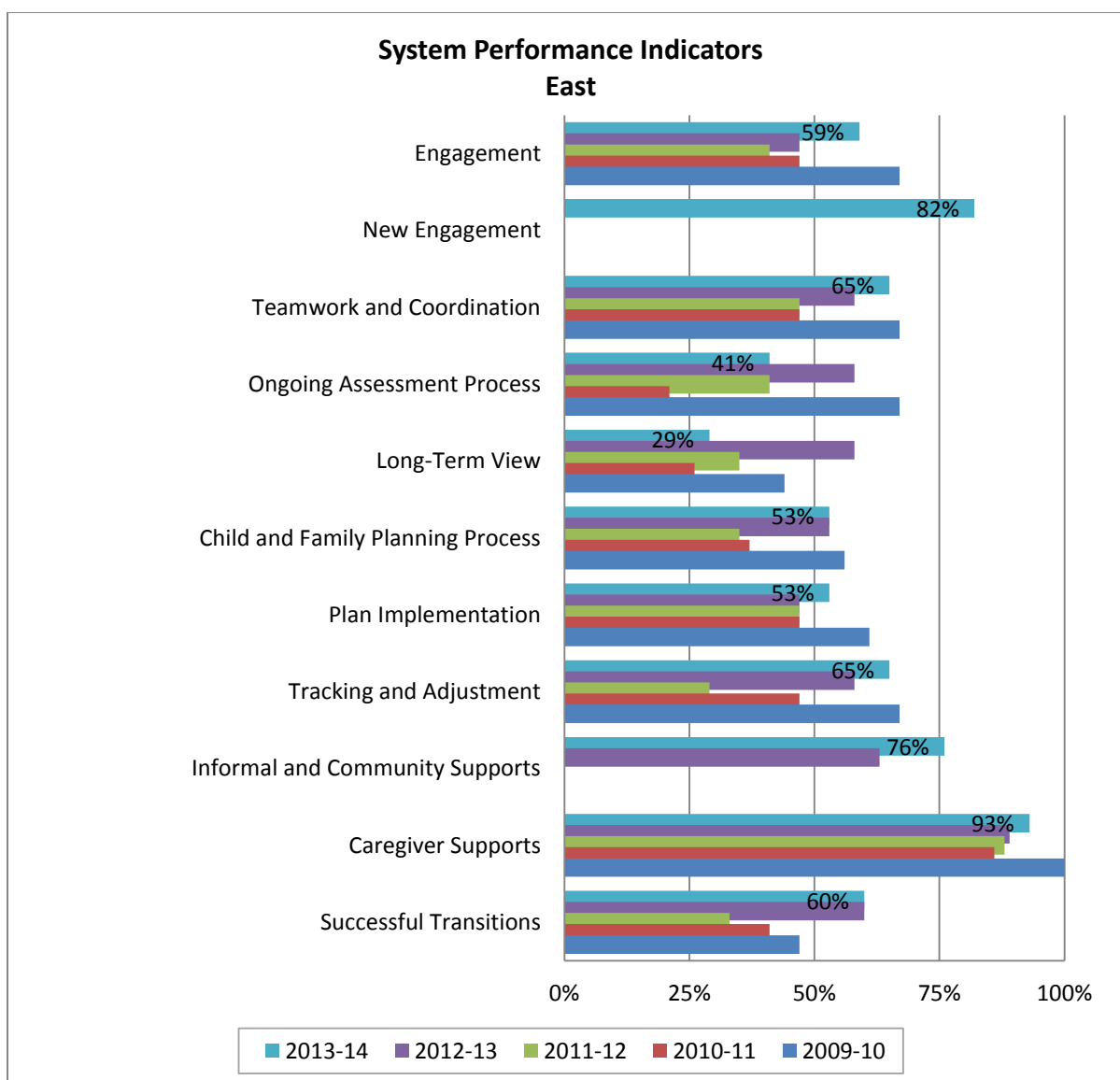
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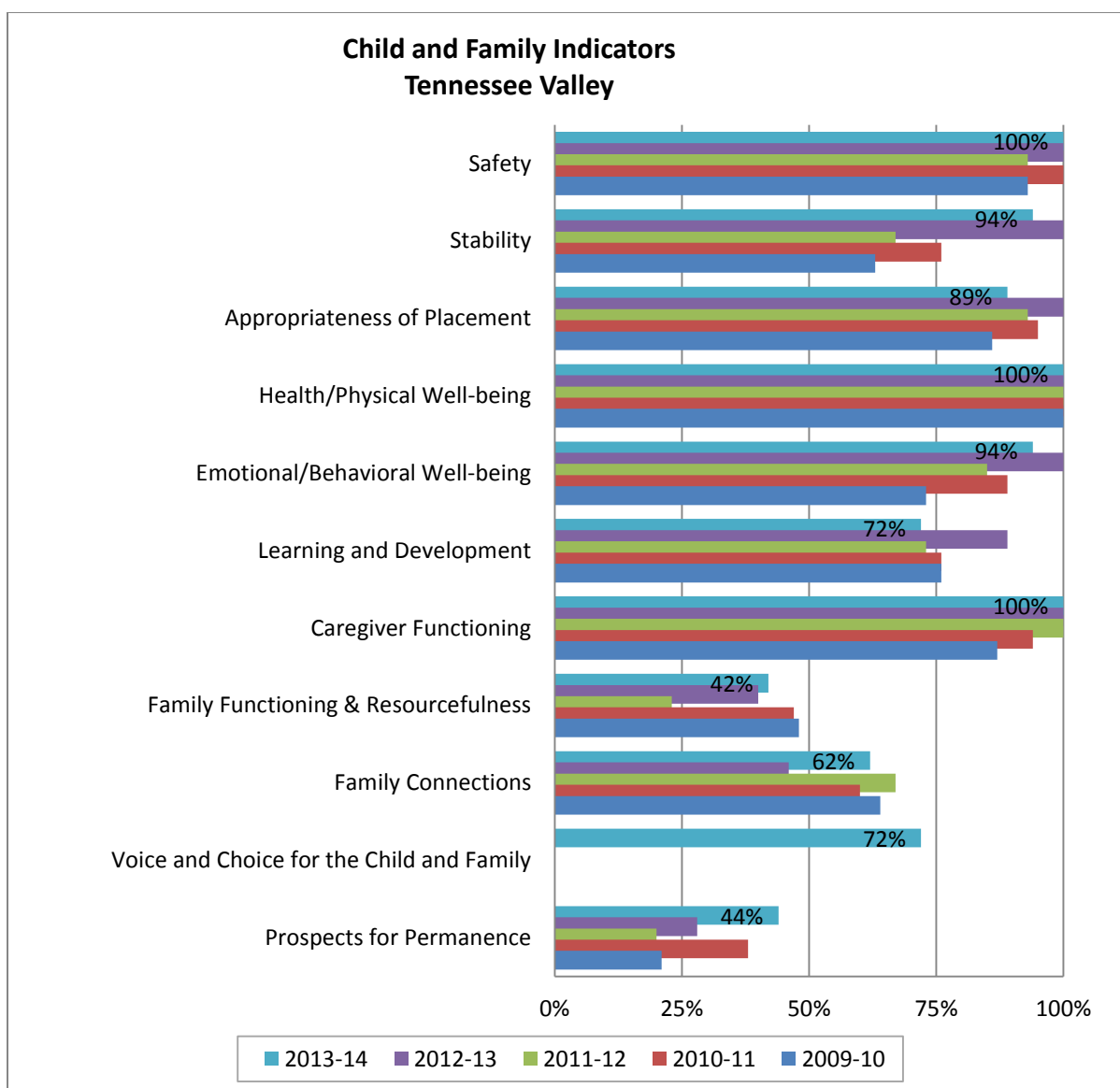
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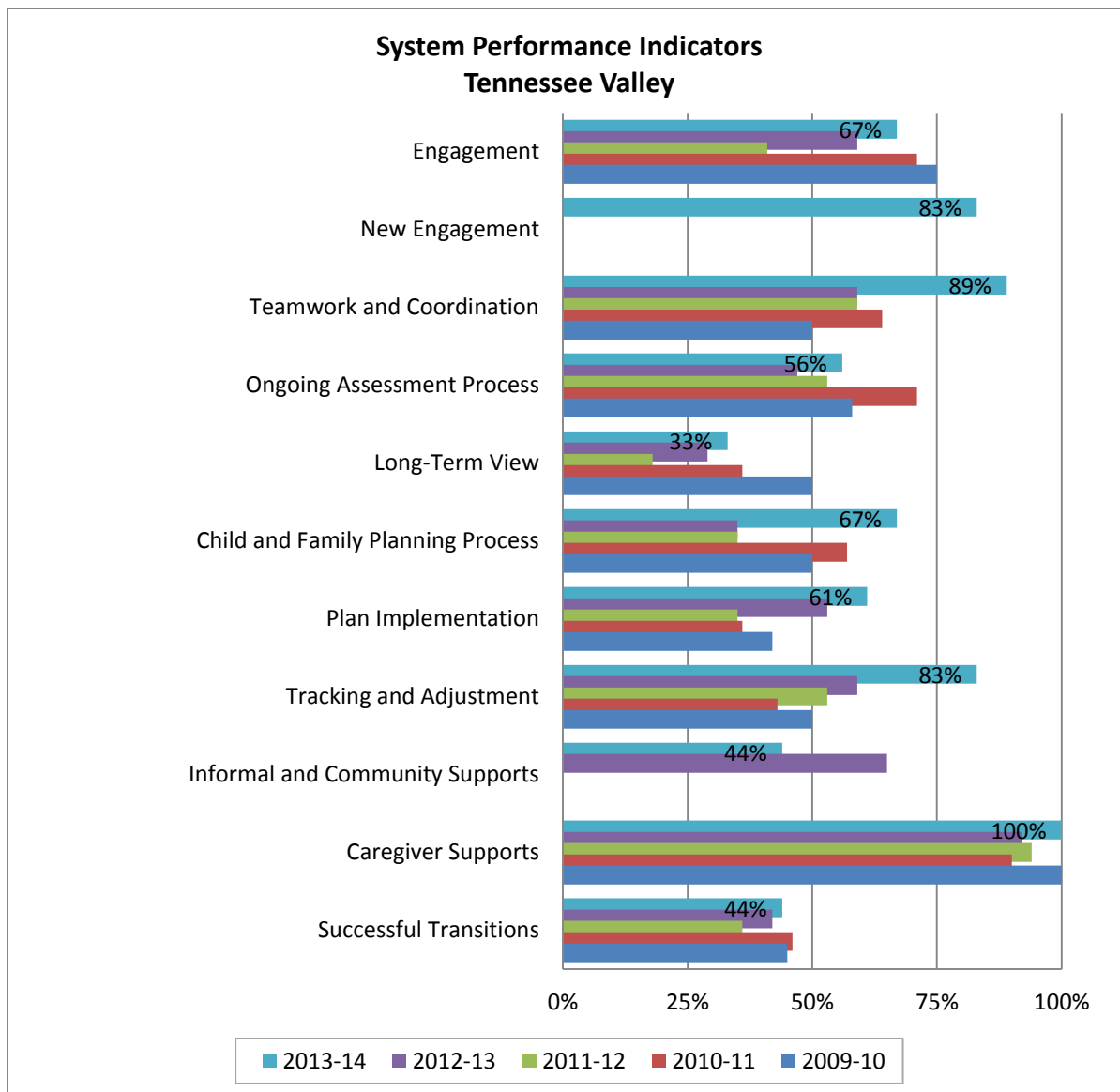
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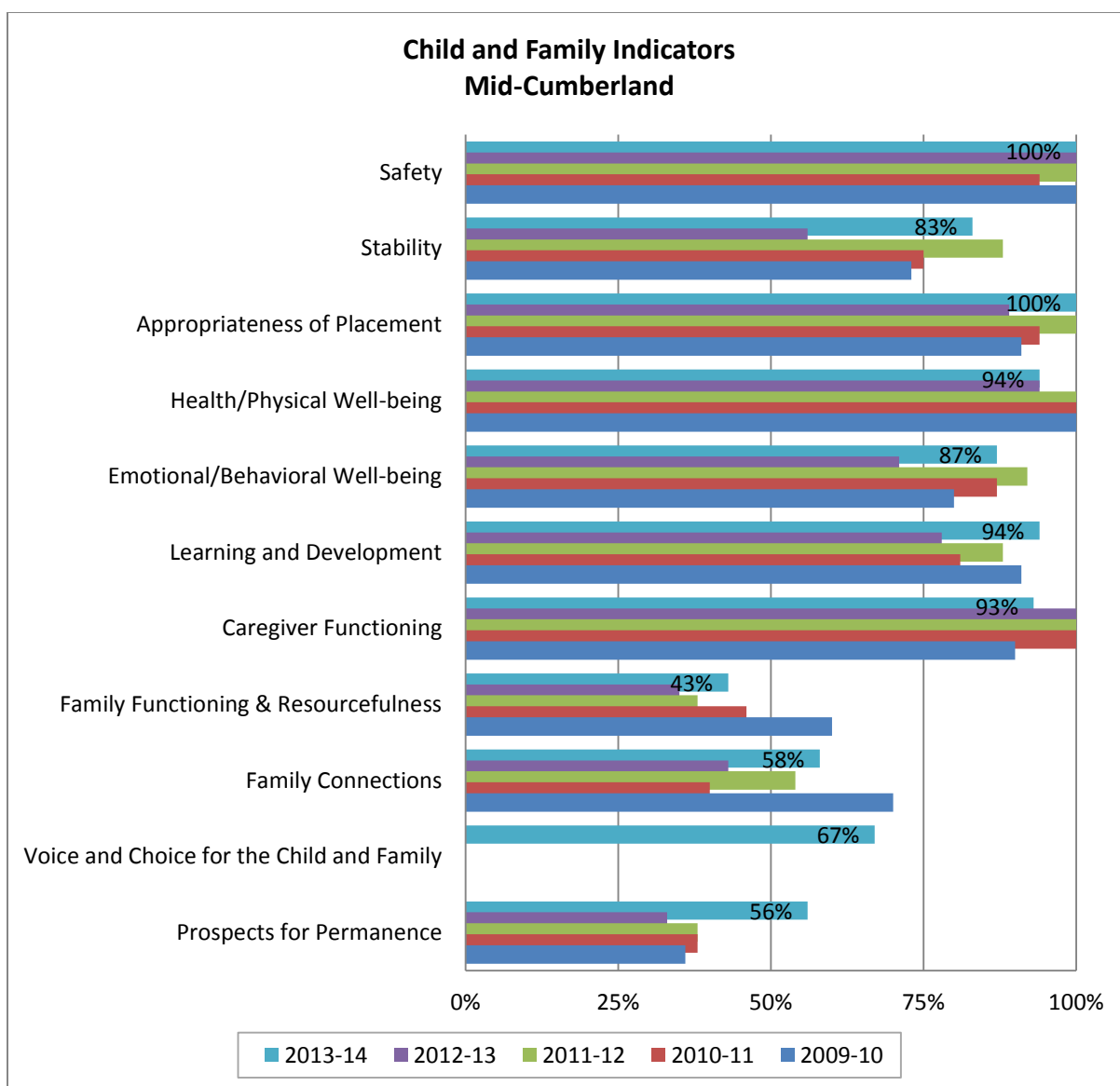
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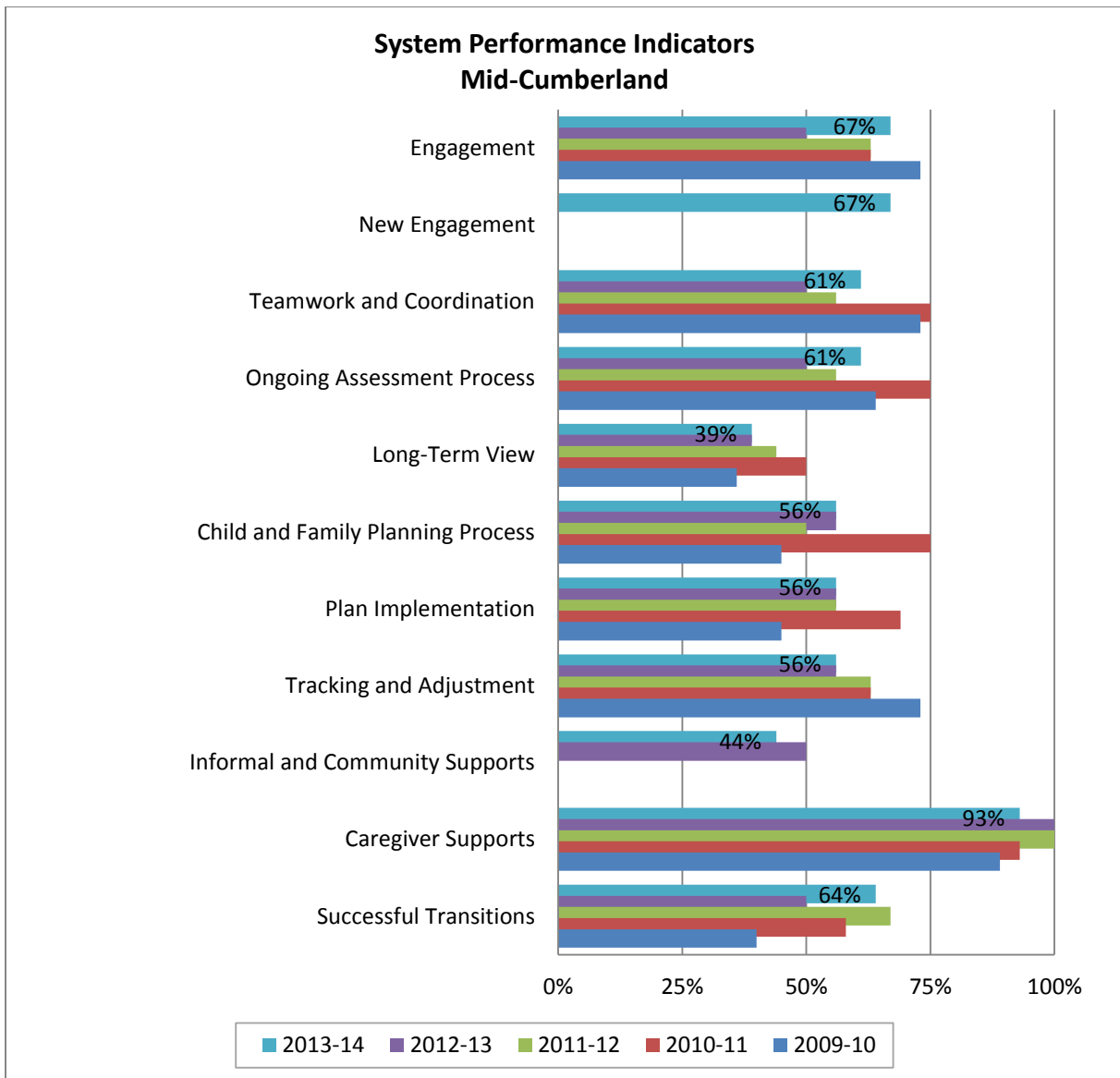
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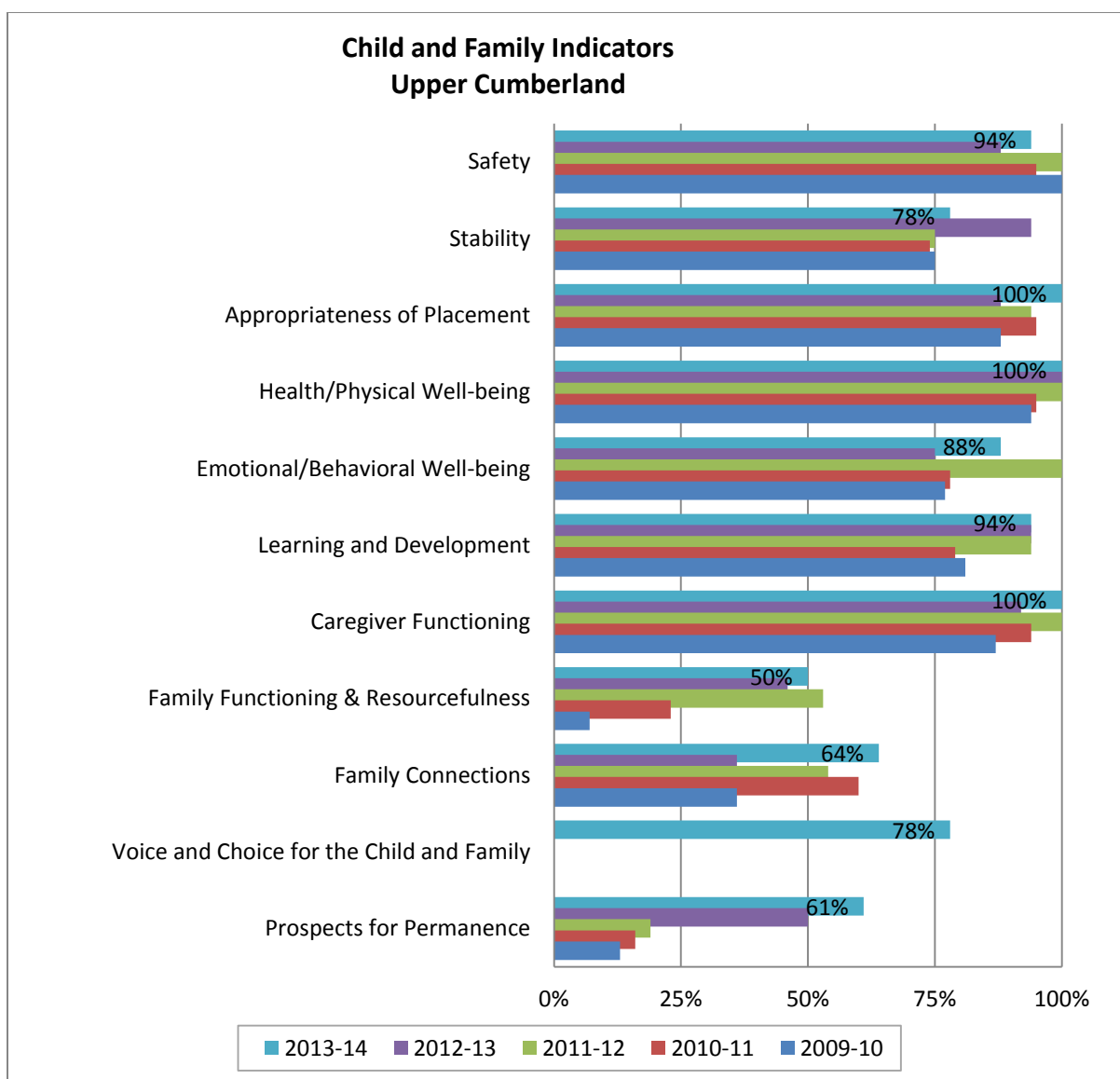
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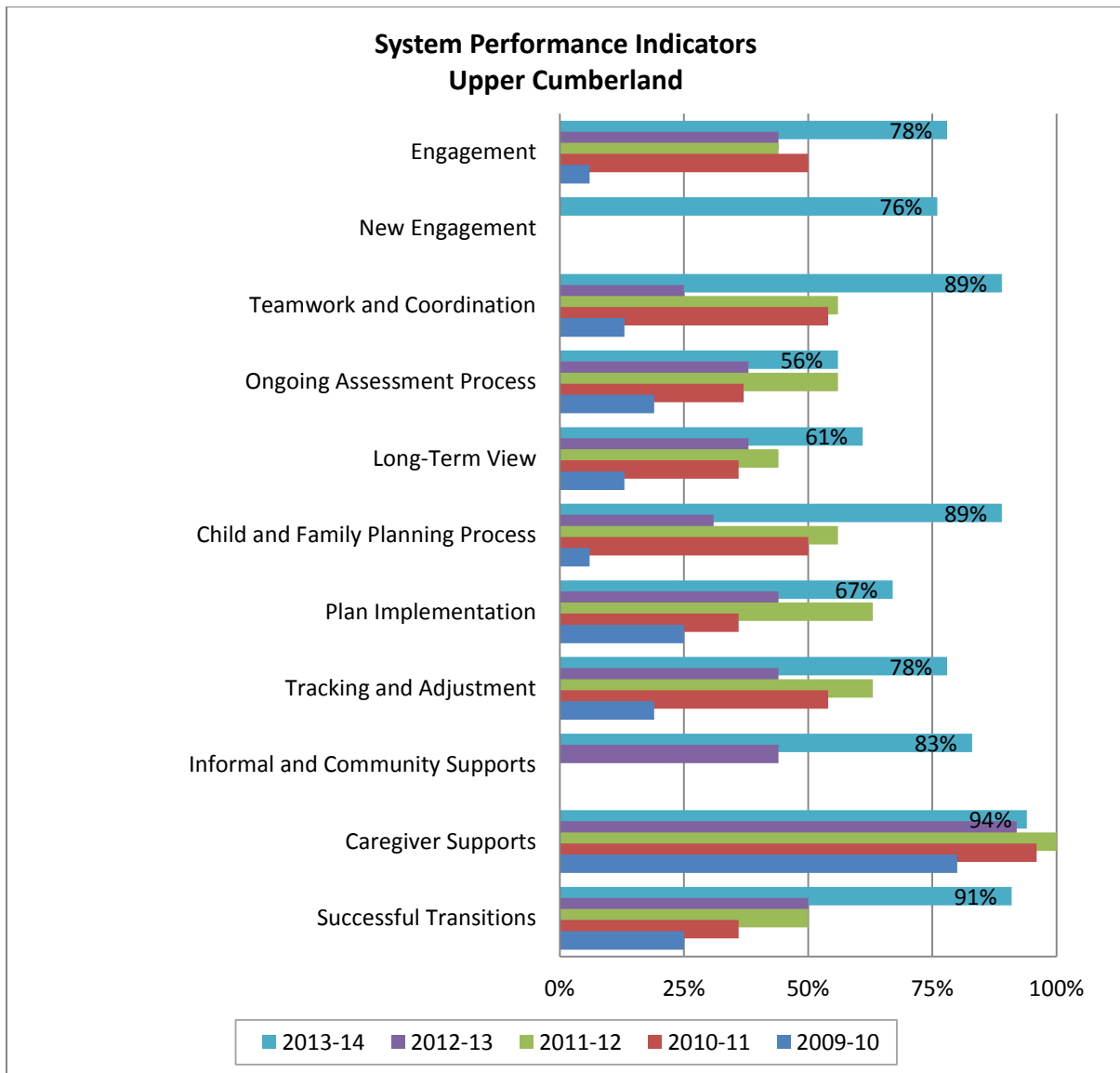
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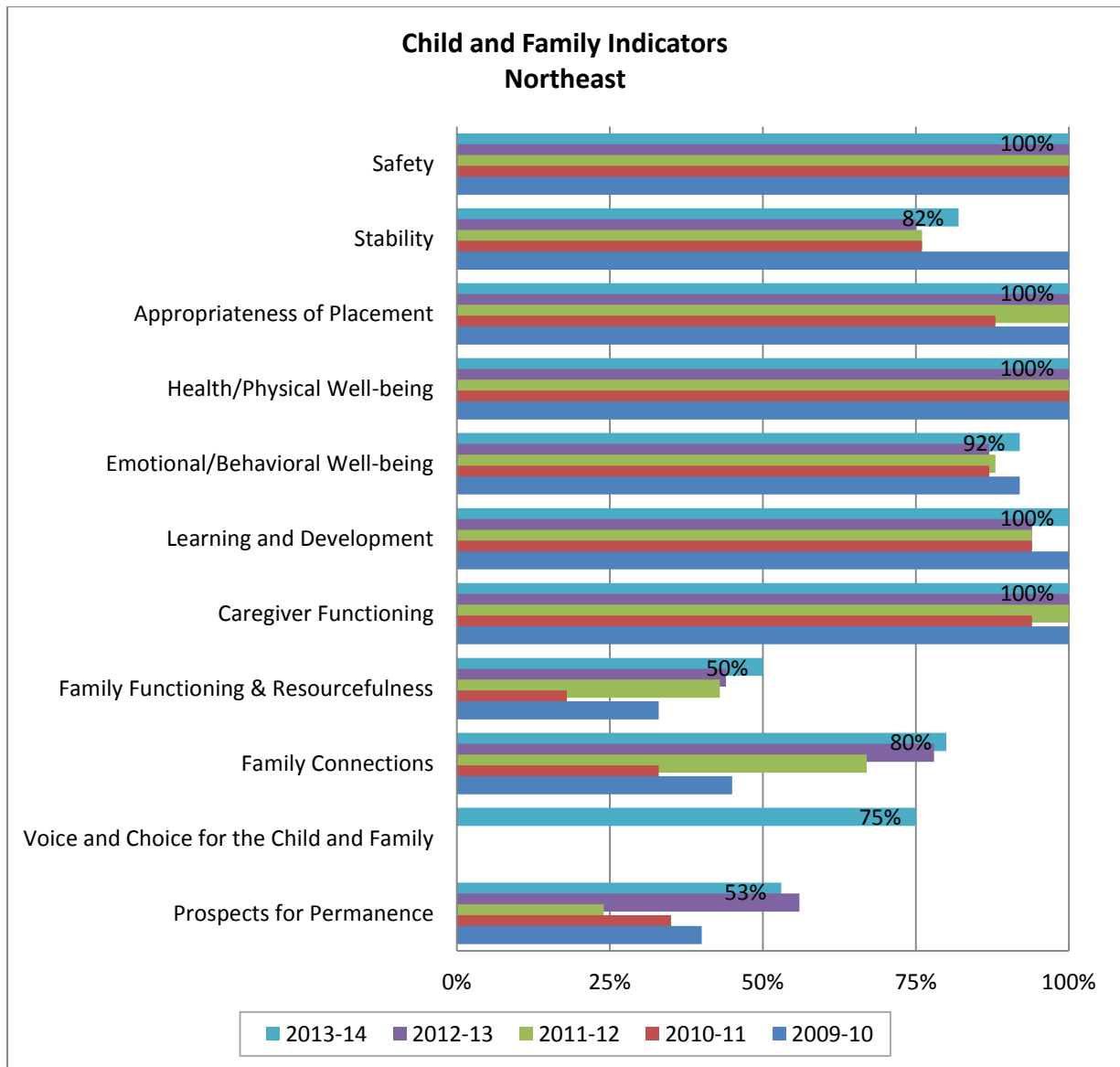
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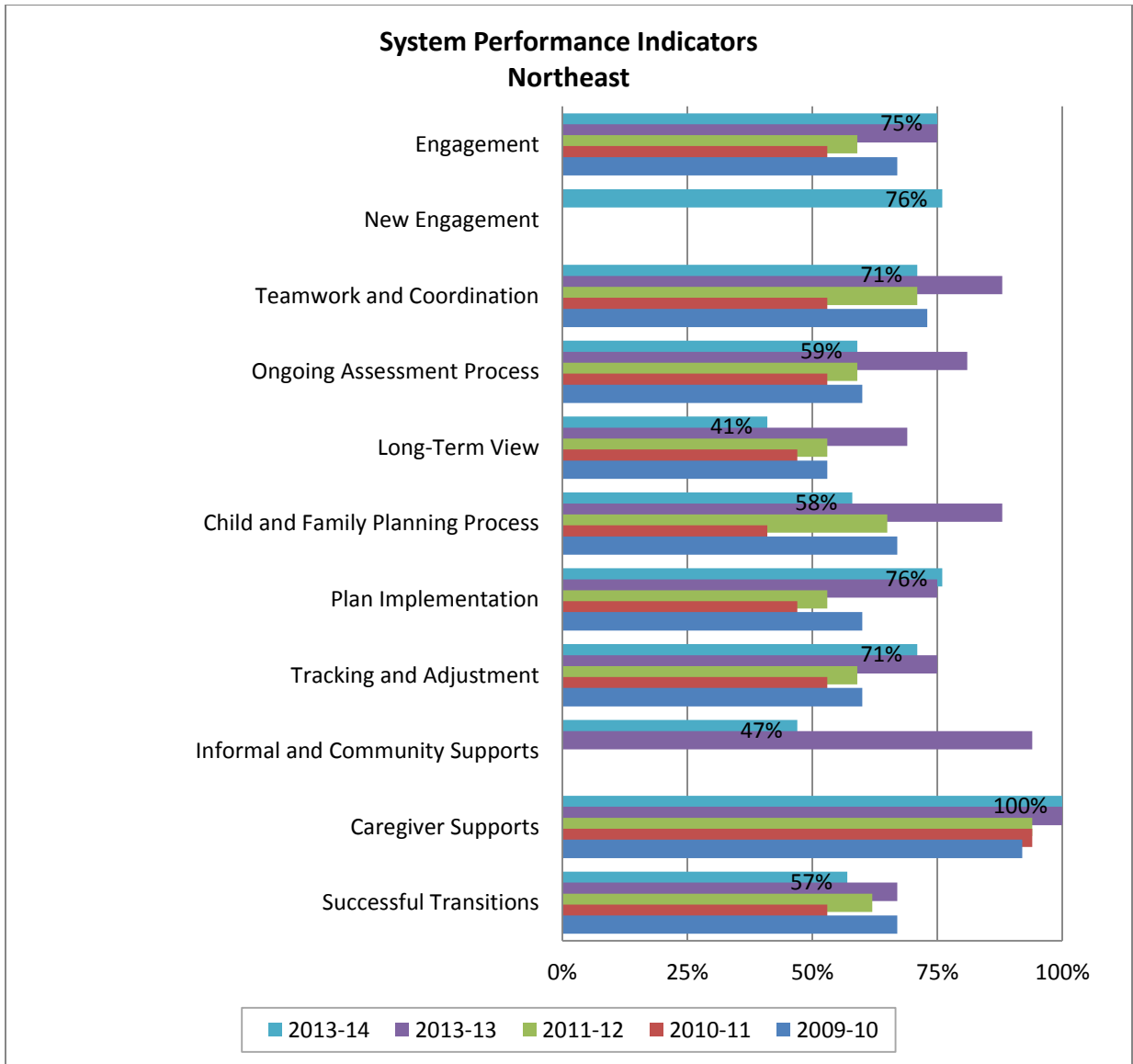
Source: QSR Databases.



Source: QSR Databases.



Source: QSR Databases.



Source: QSR Databases.

APPENDIX C

Sources of Information

This appendix describes the primary sources of information relied on and referred to in Section One of this report.

1. Aggregate Data Reports

These reports are produced by University of Chicago Chapin Hall Center for Children (Chapin Hall) from TFACTS, the Department's new SACWIS system. Most of these are reports that the Department produces on a regular basis for its own planning, tracking, and management needs. Entry cohorts are used for the majority of these reports. In addition, the entry cohort view is refined for most measures by showing information about "first placements," a recognition of the difference between a child who enters care for the first time (a new case for the placement system) and a child who reenters care (a further involvement of the placement system after a failure of permanent discharge).⁴ The focus on "first placements" is also a recognition that children who are removed from their homes (or placed "out-of-home") have a much different experience in the child welfare system than children who remain with their families when the Department assumes legal custody.⁵

2. Quality Service Review (QSR)

The Tennessee Quality Service Review serves as the annual case file review of a statistically significant number of cases required by Section XI of the Settlement Agreement. The QSR provides quantitative and qualitative data on both child and family status (how well parents and children with whom the Department is working are doing) and system performance (how well the Department is doing in implementing the quality of case practice that is linked to better outcomes for children and families). The QSR process includes both case file reviews and interviews with children, parents, resource parents, professionals working with the family (both DCS and private provider staff), and others. The QSR protocol focuses on 11 indicators of child and family status and 10 indicators of system performance.⁶

⁴ Although many of the measures use first placement entry cohorts, some use entry cohorts including all entries (both first placements as well as reentries), and some use discharge cohorts. In addition, some measures exclude custody episodes lasting fewer than five days. The specific parameters used for each measure are noted in the text.

⁵ Some of the percentages for earlier cohorts presented in Section One of this report are slightly different than the percentages presented in previous monitoring reports for those cohorts. These slight changes can be attributed to TFACTS enhancements and data cleaning efforts occurring since the data were pulled for the earlier reports.

⁶ The 11 child and family status indicators are Safety, Stability, Appropriateness of Placement, Health/Physical Well-being, Emotional/Behavioral Well-being, Learning and Development, Caregiver Functioning, Family Functioning and Resourcefulness, Family Connections, Voice and Choice of the Child and Family, and Prospects for Permanence. The 10 indicators of system performance are Engagement, Teamwork and Coordination, Ongoing Assessment Process, Long-Term View, Child and Family Planning Process, Plan Implementation, Tracking and Adjustment, Informal and Community Supports, Caregiver Supports, and Successful Transitions.

3. DCS Office of Information Technology “Brian A. Reports”

These are a series of reports generated from TFACTS by the Department⁷ and used by the Department to report on progress in meeting the requirements of certain specific provisions of the Settlement Agreement. These include, but are not limited to, a set of measures called for by Section XVI of the Settlement Agreement and reported on in greater detail in Key Outcome and Performance Measures at a Glance, Section One, and Appendices [REDACTED] and [REDACTED].⁸

⁷ Some of these reports, which had previously been produced by the Department, are now being produced by Chapin Hall for DCS. These reports are separate from what is referred to as the “Chapin Hall Reports.”

⁸ Unlike the aggregate data reports produced by Chapin Hall that generally use entry cohorts including out-of-home placements only, the majority of these reports include all children in custody, regardless of when they entered custody or where they are placed. The specific parameters used for each measure are noted in the text.

APPENDIX D

A Brief Orientation to the Data: Looking at Children in Foster Care from Three Different Viewpoints

Typically, when data are used to help convey information about the children who are served by the child welfare system, one of three viewpoints is presented. The “viewpoints” are: “point-in-time” data, “entry cohort” data, and “exit cohort” data. Each viewpoint helps answer different questions.

If we want to understand the day-to-day workload of DCS and how it is or is not changing, we want to look from a “point-in-time” viewpoint. For example, we would use point-in-time information to understand what the daily out-of-home care population was over the course of the year—how many children were in out-of-home placement each day, how many children in the system on any given day were there for delinquency, unruly behavior, or dependency and neglect, and how that daily population has fluctuated over this particular year compared to previous years. Point-in-time data also tell us whether the number of children in care on any given day is increasing, decreasing, or staying the same. A graph that compares snapshots of the population for several years on the same day every month (the same “point in time”) provides a picture of the day-to-day population and its change over time.

But if there is a trend—for example, in Tennessee, that the number of children in care on any given day has been increasing somewhat over time—it is hard to understand the cause(s) of the increase by looking at “point-in-time data.” For example, were more children committed to DCS custody in 2012 than in past years? Or is the increase the result of children staying in the system for longer time periods (fewer children getting released from custody during 2012) than in previous years? For this answer we need to look at “cohort data.”

The question whether more children entered custody in 2012 than entered in 2011 is answered by comparing the total number of children who entered custody in 2012 (the 2012 entry cohort) with the number of children who entered custody in 2011 (the 2011 entry cohort).

Entry cohort data is also especially helpful to assess whether the system is improving from year to year. Is the system doing a better job with children who entered in 2012 than with the children who entered in 2011? Comparing the experiences in care of these two groups (entry cohorts) of children—their stability of placement while in care, how often they were placed in family rather than congregate settings, how often they were placed close to their home communities rather than far away—is the best way of measuring year-to-year improvement in these and other important areas of system performance.

There are certain questions for which “exit cohort” data is most helpful. If we want to understand the population of children that may need services after they return to their families, we would need the exit cohort view. These are children with whom DCS would be working to make sure that reunification is safely and successfully achieved. Reentry into foster care is a sign of a failed reunification. It is therefore important to measure the percentage of children exiting care during any given year who reenter custody within a year of discharge. Comparing the reentry rates of children who exited care in 2011 (the 2011 exit cohort) with the reentry rates of those children who exited care in 2010 (the 2010 exit cohort) is one way of understanding whether the system is doing better when returning children to their families in ensuring that reunification is safe and lasting.

In general, the data that are most helpful for tracking system improvement over time are entry cohort data. If the system is improving, the children in the most recent entry cohort should have a better overall experience and better outcomes than children who entered in previous years. Since exit cohorts include children with a range of experience in the foster care system, some of which may extend back many years and precede recent improvement efforts, they are generally not useful for understanding trends over time.

APPENDIX E

Key Outcome and Performance Measures by Race and Ethnicity

This appendix presents race breakouts of those key outcome measures and performance indicators for which race data are currently available.⁹ Race data are currently available for the measures listed below.

- From the Settlement Agreement Outcome and Performance Measures:
 - Reunification within 12 months (XVI.A.1),
 - Adoption finalization within 12 months of full guardianship (XVI.A.2),
 - Number of placements within the previous 12 months (XVI.A.3),
 - Length of time in placement (XVI.A.4),
 - Reentry into placement (XVI.A.5), and
 - Planned Permanent Living Arrangement (PPLA) goals (XVI.B.5);
- From the Regional Outcome reports produced by Chapin Hall:
 - Reduce the rate of children entering out-of-home care (Purpose No. 1),
 - Increase the proportion of children initially placed in home county (Purpose No. 2),
 - Increase the proportion of children initially placed in a family setting (Purpose No. 3),
 - Increase placement stability (Purpose No. 7), and
 - Increase the number and rate of siblings placed together initially (Purpose No. 8).

Settlement Agreement Section XVI Outcome and Performance Measures

In the following tables, “Other” includes American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Multiracial, Undetermined, Unknown, and Missing.¹⁰

⁹ Achievement measures upon discharge data is unavailable for this reporting period. The Department has recently developed a 31 question Transitional Survey (the source of the achievement measures data) that has replaced the previous questionnaire, and the questions related to the achievement measures have been worded more clearly. That new survey has been available in TFACTS since November, 2013 and the Department has been generating some preliminary reporting from that survey, beginning with the first quarter of 2014. The Department is still working with the field to ensure that these surveys are being conscientiously filled out.

¹⁰ Reporting from TFACTS on the racial and ethnic composition of the *Brian A.* class population is available; however, because field staff have not been as conscientious in entering race/ethnicity data as they should, there are a significant number of children for whom the race/ethnicity field has been left blank. Race is not a required field in TFACTS as it was in TNKids, which has contributed to a larger number of blanks in TFACTS reporting than was present in TNKids reporting.

XVI.A.1 Reunification Children Exiting Care Between 1/1/13 and 1/1/14 Number and Percent Who Were Reunified with Parents or Exited to Relatives Within 12 Months of Entry															
Region	Total Population			White			Black/African American			Hispanic			Other		
	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	205	164	80.0%	57	44	77.2%	102	81	79.4%	18	15	83.3%	28	24	85.7%
East	302	243	80.5%	265	212	80.0%	11	9	81.8%	6	5	83.3%	20	17	85.0%
Knox	250	139	55.6%	150	85	56.7%	51	27	52.9%	18	4	22.2%	31	23	74.2%
Mid-Cumberland	510	366	71.8%	302	219	72.5%	66	40	60.6%	51	35	68.6%	91	72	79.1%
Northeast	295	181	61.4%	262	157	59.9%	2	0	0.0%	13	11	84.6%	18	13	72.2%
Northwest	156	93	59.6%	111	67	60.4%	30	17	56.7%	4	2	50.0%	11	7	63.6%
Shelby	565	393	69.6%	47	41	87.2%	477	323	67.7%	19	11	57.9%	22	18	81.8%
Smoky Mountain	330	210	63.6%	282	185	65.6%	16	10	62.5%	15	10	66.7%	17	5	29.4%
South Central	204	141	69.1%	154	105	68.2%	19	12	63.2%	8	7	87.5%	23	17	73.9%
Southwest	185	132	71.4%	101	72	71.3%	57	39	68.4%	11	10	90.9%	16	11	68.8%
Tennessee Valley	348	249	71.6%	258	197	76.4%	58	23	39.7%	22	20	90.9%	10	9	90.0%
Upper Cumberland	289	187	64.7%	265	174	65.7%	3	0	0.0%	15	12	80.0%	6	1	16.7%
Statewide	3639	2498	68.6%	2254	1558	69.1%	892	581	65.1%	200	142	71.0%	293	217	74.1%
Outcome Goal	80.0%			80.0%			80.0%			80.0%			80.0%		

XVI.A.2 Adoption Finalization Full Guardianship Obtained Between 1/1/12 and 1/1/13 Number and Percent of Adoption Finalizations Within 12 Months of Full Guardianship															
Region	Total Population			White			Black/African American			Hispanic			Other		
	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	48	36	75.0%	16	12	75.0%	22	15	68.2%	8	7	87.5%	2	2	100.0%
East	122	104	85.2%	116	99	85.3%	2	2	100.0%	2	1	50.0%	2	2	100.0%
Knox	155	129	83.2%	120	100	83.3%	9	6	66.7%	16	14	87.5%	10	9	90.0%
Mid-Cumberland	103	81	78.6%	68	58	85.3%	19	15	78.9%	8	6	75.0%	8	2	25.0%
Northeast	102	72	70.6%	90	64	71.1%	5	3	60.0%	2	2	100.0%	5	3	60.0%
Northwest	20	13	65.0%	12	6	50.0%	5	4	80.0%	2	2	100.0%	1	1	100.0%
Shelby	37	29	78.4%	9	9	100.0%	27	19	70.4%	0	0		1	1	100.0%
Smoky Mountain	137	118	86.1%	122	108	88.5%	0	0		12	8	66.7%	3	2	66.7%
South Central	50	43	86.0%	40	34	85.0%	1	1	100.0%	7	7	100.0%	2	1	50.0%
Southwest	28	22	78.6%	17	14	82.4%	10	8	80.0%	0	0		1	0	0.0%
Tennessee Valley	114	81	71.1%	87	63	72.4%	11	8	72.7%	12	7	58.3%	4	3	75.0%
Upper Cumberland	120	98	81.7%	112	91	81.3%	0	0		4	4	100.0%	4	3	75.0%
Statewide	1036	826	79.7%	809	658	81.3%	111	81	73.0%	73	58	79.5%	43	29	67.4%
Outcome Goal	75.0%			75.0%			75.0%			75.0%			75.0%		

XVI.A.3 Number of Placements Children in Custody Between 1/1/13 and 1/1/14 Number and Percent of Children Experiencing Two or Fewer Placements During Previous 12 Months															
Region	Total Population			White			Black/African American			Hispanic			Other		
	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	592	551	93.1%	197	187	94.9%	288	262	91.0%	53	52	98.1%	54	50	92.6%
East	908	843	92.8%	804	746	92.8%	27	23	85.2%	35	35	100.0%	42	39	92.9%
Knox	1133	1058	93.4%	711	663	93.2%	223	202	90.6%	94	93	98.9%	105	100	95.2%
Mid-Cumberland	1358	1260	92.8%	847	784	92.6%	211	198	93.8%	119	110	92.4%	181	168	92.8%
Northeast	1100	1041	94.6%	985	934	94.8%	20	17	85.0%	48	44	91.7%	47	46	97.9%
Northwest	544	504	92.6%	385	360	93.5%	92	83	90.2%	25	22	88.0%	42	39	92.9%
Shelby	1438	1338	93.0%	118	114	96.6%	1229	1136	92.4%	51	50	98.0%	40	38	95.0%
Smoky Mountain	1252	1158	92.5%	1072	986	92.0%	38	36	94.7%	89	87	97.8%	53	49	92.5%
South Central	672	616	91.7%	529	487	92.1%	43	39	90.7%	46	43	93.5%	54	47	87.0%
Southwest	548	503	91.8%	295	274	92.9%	168	155	92.3%	35	29	82.9%	50	45	90.0%
Tennessee Valley	1143	1071	93.7%	849	803	94.6%	177	161	91.0%	64	59	92.2%	53	48	90.6%
Upper Cumberland	1147	1060	92.4%	1014	933	92.0%	18	17	94.4%	64	59	92.2%	51	51	100.0%
Statewide	11835	11003	93.0%	7806	7271	93.1%	2534	2329	91.9%	723	683	94.5%	772	720	93.3%
Outcome Goal	90.0%			90.0%			90%			90.0%			90.0%		

XVI.A.4 Length of Time in Placement Children in Custody Between 1/1/13 and 1/1/14 Number and Percent of Children Who Had Been in Custody for Two Years or Less															
Region	Total Population			White			Black/African American			Hispanic			Other		
	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	613	495	80.8%	200	156	78.0%	298	244	81.9%	57	47	82.5%	58	48	82.8%
East	923	773	83.7%	814	690	84.8%	30	21	70.0%	36	32	88.9%	43	30	69.8%
Knox	1144	948	82.9%	720	592	82.2%	224	178	79.5%	94	86	91.5%	106	92	86.8%
Mid-Cumberland	1380	1205	87.3%	864	755	87.4%	213	182	85.4%	119	103	86.6%	184	165	89.7%
Northeast	1115	877	78.7%	997	783	78.5%	20	14	70.0%	50	41	82.0%	48	39	81.3%
Northwest	550	479	87.1%	390	334	85.6%	93	82	88.2%	25	22	88.0%	42	41	97.6%
Shelby	1461	1166	79.8%	119	107	89.9%	1251	996	79.6%	51	31	60.8%	40	32	80.0%
Smoky Mountain	1262	1008	79.9%	1081	879	81.3%	38	32	84.2%	90	57	63.3%	53	40	75.5%
South Central	681	537	78.9%	538	423	78.6%	43	36	83.7%	46	39	84.8%	54	39	72.2%
Southwest	565	457	80.9%	301	256	85.0%	177	130	73.4%	36	33	91.7%	51	38	74.5%
Tennessee Valley	1160	921	79.4%	863	686	79.5%	180	152	84.4%	64	45	70.3%	53	38	71.7%
Upper Cumberland	1150	1018	88.5%	1017	903	88.8%	18	17	94.4%	64	57	89.1%	51	41	80.4%
Statewide	12004	9884	82.3%	7904	6564	83.0%	2585	2084	80.6%	732	593	81.0%	783	643	82.1%
Outcome Goal	75.0%			75.0%			75.0%			75.0%			75.0%		

XVI.A.5 Reentry into Placement Children Exiting Custody Between 1/1/12 and 1/1/13 Number and Percent of Children Who Reentered Custody Within 12 Months of Discharge															
Region	Total Population			White			Black/African American			Hispanic			Other		
	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	296	18	6.1%	88	7	8.0%	122	10	8.2%	34	0	0.0%	52	1	1.9%
East	454	43	9.5%	358	36	10.1%	7	2	28.6%	21	2	9.5%	68	3	4.4%
Knox	445	22	4.9%	303	7	2.3%	66	11	16.7%	28	1	3.6%	48	3	6.3%
Mid-Cumberland	541	24	4.4%	272	14	5.1%	88	4	4.5%	45	3	6.7%	136	3	2.2%
Northeast	472	23	4.9%	355	23	6.5%	16	0	0.0%	13	0	0.0%	88	0	0.0%
Northwest	166	6	3.6%	103	5	4.9%	27	1	3.7%	14	0	0.0%	22	0	0.0%
Shelby	707	43	6.1%	72	6	8.3%	522	34	6.5%	11	2	18.2%	102	1	1.0%
Smoky Mountain	602	23	3.8%	481	20	4.2%	8	3	37.5%	27	0	0.0%	86	0	0.0%
South Central	326	18	5.5%	256	12	4.7%	28	4	14.3%	24	2	8.3%	18	0	0.0%
Southwest	202	10	5.0%	106	7	6.6%	71	3	4.2%	10	0	0.0%	15	0	0.0%
Tennessee Valley	481	27	5.6%	335	14	4.2%	74	11	14.9%	31	1	3.2%	41	1	2.4%
Upper Cumberland	502	27	5.4%	443	24	5.4%	3	0	0.0%	20	3	15.0%	36	0	0.0%
Statewide	5194	284	5.5%	3172	175	5.5%	1032	83	8.0%	278	14	5.0%	712	12	1.7%
Outcome Goal	<= 8%			<= 8%			<= 8%			<= 8%			<= 8%		

XVI.B.4 Timeliness of TPR Filing

Children Who Had a Sole Goal of Adoption Established Between 1/1/2013 and 12/31/2013

Number and Percent of Children Who Had a TPR Filed Within Six Months of the Establishment of the Sole Goal of Adoption

Region	Total Population			White			Black/African American			Hispanic			Other		
	Total	#	%	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	24	17	71%	14	14	100%	8	2	25%	0	0	0%	2	1	50%
East	53	51	96%	45	43	96%	6	6	100%	0	0	0%	2	2	100%
Knox	103	102	99%	69	68	99%	18	18	100%	8	8	100%	8	8	100%
Mid-Cumberland	43	43	100%	30	30	100%	5	5	100%	6	6	100%	2	2	100%
Northeast	97	97	100%	85	85	100%	2	2	100%	4	4	100%	6	6	100%
Northwest	22	22	100%	12	12	100%	4	4	100%	4	4	100%	2	2	100%
Shelby	22	20	91%	1	1	100%	20	18	90%	1	1	100%	0	0	0%
Smoky Mountain	99	93	94%	89	83	93%	2	2	100%	7	7	100%	1	1	100%
South Central	54	54	100%	44	44	100%	2	2	100%	5	5	100%	3	3	100%
Southwest	10	10	100%	4	4	100%	5	5	100%	0	0	0%	1	1	100%
Tennessee Valley	41	33	80%	37	30	81%	1	1	100%	2	2	100%	1		100%
Upper Cumberland	84	84	100%	75	75	100%	2	2	100%	2	2	100%	5	5	100%
Statewide	652	627	96%	505	489	97%	75	67	89%	39	39	100%	33	32	91%
Outcome Goal			85%			85%			85%			85%			85%

**XVI.B.5 Goal of Planned Permanent Living Arrangement
Children in Custody on December 26, 2013
Number and Percent of Children with a Sole PPLA Goal**

Region	Total Population			White			Black/African American			Other		
	Total	#	%	Total	#	%	Total	#	%	Total	#	%
Davidson	370	1	0.3%	157	0	0.0%	197	1	0.5%	16	0	0.0%
East	469	0	0.0%	437	0	0.0%	24	0	0.0%	8	0	0.0%
Knox	665	1	0.2%	454	1	0.2%	188	0	0.0%	23	0	0.0%
Mid-Cumberland	829	0	0.0%	608	0	0.0%	170	0	0.0%	51	0	0.0%
Northeast	682	0	0.0%	622	0	0.0%	34	0	0.0%	26	0	0.0%
Northwest	238	0	0.0%	156	0	0.0%	65	0	0.0%	17	0	0.0%
Shelby	779	0	0.0%	74	0	0.0%	694	1	0.0%	11	0	0.0%
Smoky Mountain	749	1	0.1%	693	1	0.1%	47	0	0.0%	9	0	0.0%
South Central	380	2	0.5%	340	2	0.6%	35	0	0.0%	5	0	0.0%
Southwest	329	0	0.0%	197	0	0.0%	127	0	0.0%	5	0	0.0%
Tennessee Valley	682	6	0.9%	515	5	1.0%	137	1	0.7%	30	0	0.0%
Upper Cumberland	702	2	0.3%	610	2	0.3%	31	0	0.0%	61	0	0.0%
Statewide	6874	13	0.2%	4863	11	0.2%	1749	2	0.1%	262	0	0.0%
Outcome Goal	<= 5%			<= 5%			<= 5%			<= 5%		

Rate (per 1,000) of Children Entering Out-of-Home Placement Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2012-13				
Region	Total Population	White	Black/ African American	Hispanic
Davidson	1.8	1.3	2.5	1.3
East	5.5	5.3	4.7	7.4
Knox	4.0	3.1	6.3	8.9
Mid-Cumberland	2.3	1.7	3.2	3.9
Northeast	3.8	3.6	2.1	5.8
Northwest	4.0	3.6	4.8	7.2
Shelby	2.4	0.8	3.3	1.9
Smoky Mountain	5.3	5.5	3.3	3.5
South Central	3.0	2.8	2.6	3.1
Southwest	2.3	2.2	1.8	5.2
Tennessee Valley	2.8	2.8	2.4	5.1
Upper Cumberland	6.7	6.7	4.9	7.2
Statewide	3.2	3.0	3.1	3.7

Percent of Children Placed In-County or with Relatives/Kin Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2012-13			
Region	Total Population	White	Black/ African American
Davidson	87%	84%	90%
East	46%	46%	67%
Knox	77%	77%	73%
Mid-Cumberland	46%	41%	55%
Northeast	53%	52%	71%
Northwest	46%	54%	41%
Shelby	95%	97%	95%
Smoky Mountain	45%	46%	33%
South Central	50%	53%	33%
Southwest	28%	28%	35%
Tennessee Valley	55%	47%	91%
Upper Cumberland	53%	53%	43%
Statewide	59%	52%	81%

Percentage of Children Initially Placed in a Family Setting Children Entering Out-of-Home Placement for the First Time During Fiscal Year 2012-13			
Region	Total Population	White	Black/ African American
Davidson	95%	90%	93%
East	89%	86%	75%
Knox	92%	91%	93%
Mid-Cumberland	94%	93%	93%
Northeast	86%	87%	100%
Northwest	93%	92%	92%
Shelby	94%	92%	93%
Smoky Mountain	85%	85%	89%
South Central	88%	90%	72%
Southwest	90%	92%	85%
Tennessee Valley	90%	89%	88%
Upper Cumberland	90%	89%	86%
Statewide	91%	89%	92%

Percentage of Children Experiencing Two or Fewer Placements Over Two-Year Window Children <u>in Out-of-Home Placement</u> on July 1, 2011 (Observed Through June 30, 2013)			
Region	Total Population	White	Black/ African American
Davidson	81%	83%	80%
East	85%	85%	75%
Knox	83%	86%	78%
Mid-Cumberland	87%	87%	86%
Northeast	89%	88%	75%
Northwest	84%	83%	83%
Shelby	88%	85%	88%
Smoky Mountain	89%	88%	71%
South Central	87%	87%	90%
Southwest	90%	93%	85%
Tennessee Valley	87%	88%	88%
Upper Cumberland	87%	87%	100%
Statewide	87%	87%	85%

Percentage of Children Experiencing Two or Fewer Placements over Two-Year Window Children <u>Entering Out-of-Home Placement</u> During Fiscal Year 2011-12 (Observed through June 30, 2013)			
Region	Total Population	White	Black/ African American
Davidson	74%	74%	69%
East	80%	79%	88%
Knox	76%	79%	69%
Mid-Cumberland	74%	70%	77%
Northeast	80%	79%	64%
Northwest	81%	82%	76%
Shelby	79%	77%	79%
Smoky Mountain	78%	77%	58%
South Central	75%	76%	63%
Southwest	83%	87%	75%
Tennessee Valley	79%	80%	70%
Upper Cumberland	85%	84%	88%
Statewide	79%	79%	74%

XVI.B.2 Placing Siblings Together Percent of Sibling Groups Placed Together Initially Sibling Groups Entering Out-of-Home Placement Together for the First Time During Fiscal Year 2012-13			
Region	Total Population	White	Black/ African American
Davidson	88%	88%	86%
East	87%	86%	100%
Knox	89%	91%	89%
Mid-Cumberland	88%	92%	88%
Northeast	85%	85%	100%
Northwest	77%	74%	88%
Shelby	68%	80%	66%
Smoky Mountain	76%	76%	0%
South Central	84%	85%	50%
Southwest	70%	77%	63%
Tennessee Valley	83%	84%	70
Upper Cumberland	85%	87%	100%
Statewide	82%	84%	73%
Outcome Goal	85%	85%	85%

APPENDIX F

Supplemental Information on Placement Stability

This appendix presents additional information supplementing the data discussion on pages 46 of this monitoring report regarding placement stability.

A. Placement Moves by Exit Status

When considering data on placement stability, it is important to know whether the children have exited out-of-home placement or still remain in care, because the children who have already exited will not experience any more placement moves, but the children who remain in care might. The table below breaks down the data presented in Figure 1.18 on page 48 of this monitoring report by whether or not the children had exited care as of December 31, 2013.

Movements as of December 31, 2013 for Children First Entering Care in 2012			
First Entrants	Total	Exited Care	Still in Care
Total	4,660	3,368	1,292
Children w/ no moves to date	2,360	1,960	400
Children w/ one move to date	1,310	913	397
Children w/ more than one move to date	990	495	495
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	72%	28%
Children w/ no moves to date	100%	83%	17%
Children w/ one move to date	100%	70%	30%
Children w/ more than one move to date	100%	50%	50%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	51%	58%	31%
Children w/ one move to date	28%	27%	31%
Children w/ more than one move to date	21%	15%	38%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

The table shows that of the 4,660 children who entered out-of-home placement for the first time in 2012, 72% had exited placement and 28% still remained in out-of-home placement as of December 31, 2013. The vast majority (83%) of the 2,360 children who experienced no moves had exited care as of December 31, 2013. Of the 990 children who experienced more than one

move, 50% exited care as of December 31, 2013, and 50% of those children still remained in care as of that date.

Of the 1,292 children in the 2012 entry cohort who were still in care as of December 31, 2013, 31% had not experienced a placement move while in care; 31% had experienced one placement move; and 38% had experienced two or more placement moves.

The majority of children who experience placement moves remain in out-of-home care for longer periods of time, and the majority of children who do not experience placement moves exit out-of-home care in shorter periods of time.

This trend becomes more pronounced over time, as seen in the table below. The table below presents these same data regarding placement moves by exit status as of December 31, 2013 for the 2011 entry cohort (children entering out-of-home care for the first time in 2011), allowing observation of trends for a maximum of 36 months (compared to a maximum window of 24 months for the table above). As of December 31, 2013, 95% of the 2,355 children who did not experience a placement move had exited placement while only 79% of the 1,129 children who experienced more than one move had exited placement. Of the 473 children in the 2011 entry cohort who were still in care as of December 31, 2013, 25% had not experienced a placement move while in care; 26% had experienced one placement move; and 49% had experienced two or more placement moves.

Movements as of December 31, 2013 for Children First Entering Care in 2011			
First Entrants	Total	Exited Care	Still in Care
Total	4,489	4,316	473
Children w/ no moves to date	2,355	2,239	116
Children w/ one move to date	1,305	1,180	125
Children w/ more than one move to date	1,129	897	232
Row Percent: Within movement category, what proportion of children have already exited care?			
Total	100%	96%	11%
Children w/ no moves to date	100%	95%	5%
Children w/ one move to date	100%	90%	10%
Children w/ more than one move to date	100%	79%	21%
Column Percent: By exit status, what proportion of children experienced moves?			
Total	100%	100%	100%
Children w/ no moves to date	52%	52%	25%
Children w/ one move to date	29%	27%	26%
Children w/ more than one move to date	25%	21%	49%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

B. Placement Moves by Time in Care

The table below provides data suggesting that for children who experience placement moves, most of the moves tend to occur during the first six months in out-of-home care. The table describes when placement moves tend to occur for children who experience placement moves. The rows in the first portion break out the total number of children entering out-of-home placement for the first time in 2011 (“Total Children”), the number of children entering out-of-home placement in 2011 who have not experienced a placement move as of December 31, 2013 (“Stayers”), and the number of children entering out-of-home placement in 2011 who have experienced at least one placement move as of December 31, 2013 (“Movers”). The columns indicate how many of each of those groups experienced the different periods in out-of-home placement as of December 31, 2013. For example, 4,754 children experienced six or fewer months in out-of-home placement as of December 31, 2013; 2,683 of those children also

experienced seven to 12 months in out-of-home placement; and 1,729 of those children also experienced 13 to 18 months in out-of-home placement.¹¹

¹¹ There are two possible reasons why a child may not have experienced the later periods in care: either the child exited out-of-home placement prior to reaching that period(s), or the child entered out-of-home placement at the end of 2011 and has not had time to experience that period(s) in out-of-home placement.

Period Specific Movements for Children First Placed in Foster Care in 2011 as of December 31, 2013						
Placement Intervals (Duration in Months)						
Children by Moves	6 and under	7 to 12	13 to 18	19 to 24	25 to 30	31 to 36
Total Children	4,754	2,683	1,729	1,128	660	158
Stayers	2,355	980	555	303	161	38
Movers	2,399	1,703	1,174	825	499	120
Number of Moves						
0	285	1,252	886	669	422	110
1	1,373	353	223	108	58	7
2	497	66	52	28	15	2
3	147	17	9	12	2	1
4	50	10	2	6	2	0
5	25	1	1	2	0	0
6	12	3	1	0	0	0
7	3	0	0	0	0	0
8	7	1	0	0	0	0
Total Movers	2,399	1,703	1,174	825	499	120
As a Percent of Total Children by Placement Interval						
Total Children	100%	100%	100%	100%	100%	100%
Stayers	50%	37%	32%	27%	24%	24%
Movers	50%	63%	68%	73%	76%	76%
Number of Moves	As a Percent of Total Movers by Placement Interval					
0	12%	74%	75%	81%	85%	92%
1	57%	21%	19%	13%	12%	6%
2	21%	4%	4%	3%	3%	2%
3	6%	1%	1%	1%	0%	1%
4	2%	1%	0%	1%	0%	0%
5	1%	0%	0%	0%	0%	0%
6	1%	0%	0%	0%	0%	0%
7	0%	0%	0%	0%	0%	0%
8	0%	0%	0%	0%	0%	0%
Total Movers	100%	100%	100%	100%	100%	100%

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.
Outliers (children experiencing more than eight moves) are not included in this analysis.

Breaking this data into groups by whether or not the child has experienced a placement move as of December 31, 2013 shows that about half of the children entering out-of-home placement in 2011 have experienced at least one placement move. It also shows that the children who remain

in out-of-home placement longer tend to be the children who have experienced placement moves. For example, of the 4,754 total children entering out-of-home placement in 2011 and experiencing the “six or fewer months” period, only 50% (2,399) experienced a placement move at some point during their stay in out-of-home placement as of December 31, 2013. Conversely, of the 1,729 children who experienced the “13 to 18 months” period, 68% (1,174) experienced a placement move at some point in their stay in out-of-home placement as of December 31, 2013.

The second portion of the table shows when the placement moves occurred for those children who experienced a placement move. For example, of the 2,399 “movers” who experienced six or fewer months in out-of-home placement, 12% (285) did not experience the placement move (or moves) during that period, but 88% (2,114) did. (The 88% of children who experienced a move during the first six months in out-of-home placement experienced those moves as follows: 57% experienced one move, 21% experienced two moves, and so on.) Of the 1,174 “movers” who experienced 13 to 18 months in out-of-home placement, 75% (886) did not experience the move (or moves) during that period, and only 25% (288) did. This indicates that most children who experience a placement move experience the move during their first six months in out-of-home placement. It also indicates that children who experience multiple placement moves tend to experience those moves during the first six months in out-of-home placement.

The following table presents the number of movements per child by duration interval for children first admitted into out-of-home placement in each of the entry years listed on the left of the table. This table shows, for each entry year, the total number of moves experienced in a duration interval divided by the total number of children present at the start of the duration interval. This table also illustrates that for children in each entry cohort year, the likelihood of movement is greatest in the first six months of care.

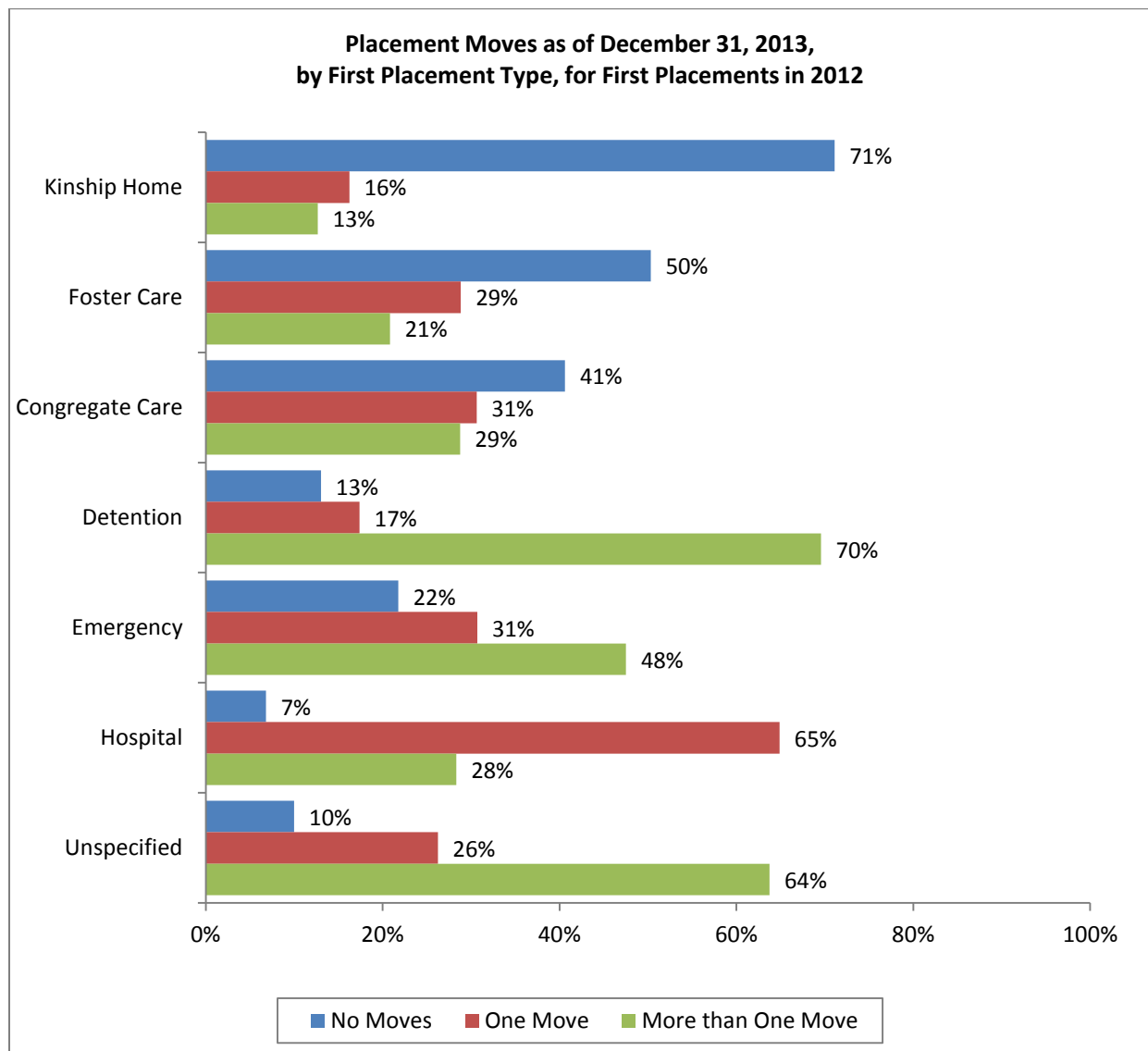
Entry Year	Number of Movements Observed per Child by Duration Interval						
	Duration Intervals (Duration in Months)						
	6 and Under	7 to 12	13 to 18	19 to 24	25 to 30	30 to 36	37 to 42
2006	0.72	0.24	0.22	0.24	0.25	0.33	0.27
2007	0.66	0.28	0.25	0.22	0.23	0.30	0.22
2008	0.69	0.30	0.30	0.24	0.37	0.37	0.36
2009	0.61	0.27	0.22	0.23	0.26	0.36	0.21
2010	0.61	0.23	0.24	0.24	0.21	0.27	
2011	0.70	0.22	0.21	0.22			
2012	0.69	0.22					

Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

These patterns were also seen for children entering out-of-home placement for the first time in earlier entry cohorts, as reported in previous monitoring reports.

C. Placement Moves by Type of Placement

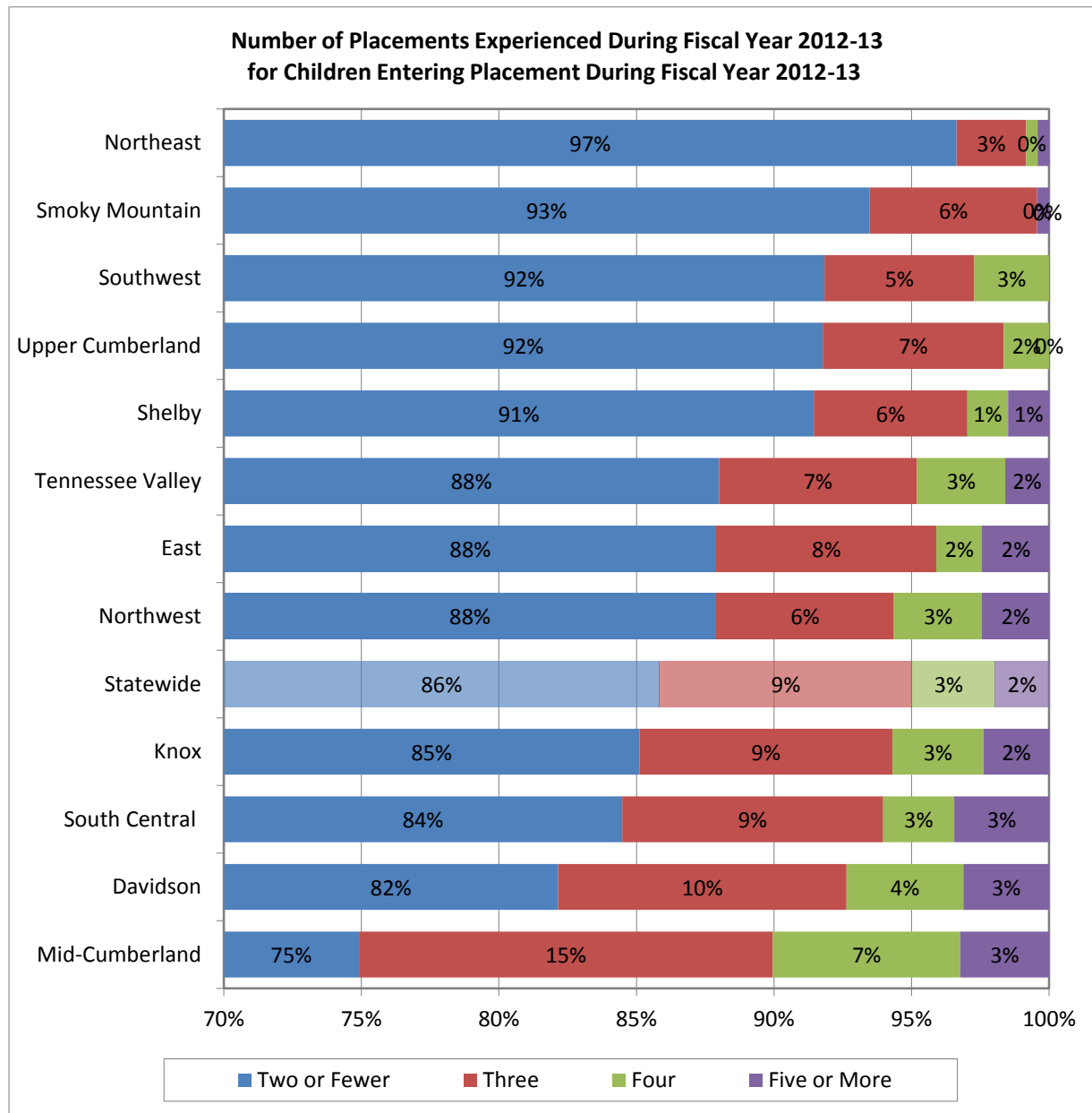
The figure below provides a breakdown of placement stability data by the child's first placement type when entering out-of-home care. As reflected in the figure, children who were first placed with relatives or kin are less likely to experience a placement move in custody. Seventy-one percent of children initially placed in kinship homes had not experienced a placement move while in care as of December 31, 2013, compared with 50% of children first placed in traditional resource homes.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

D. Number of Placement Moves by Region

The figure below provides a more detailed look, by region, at the number of placements experienced during fiscal year 2012-13 by children who entered care for the first time during fiscal year 2012-13.

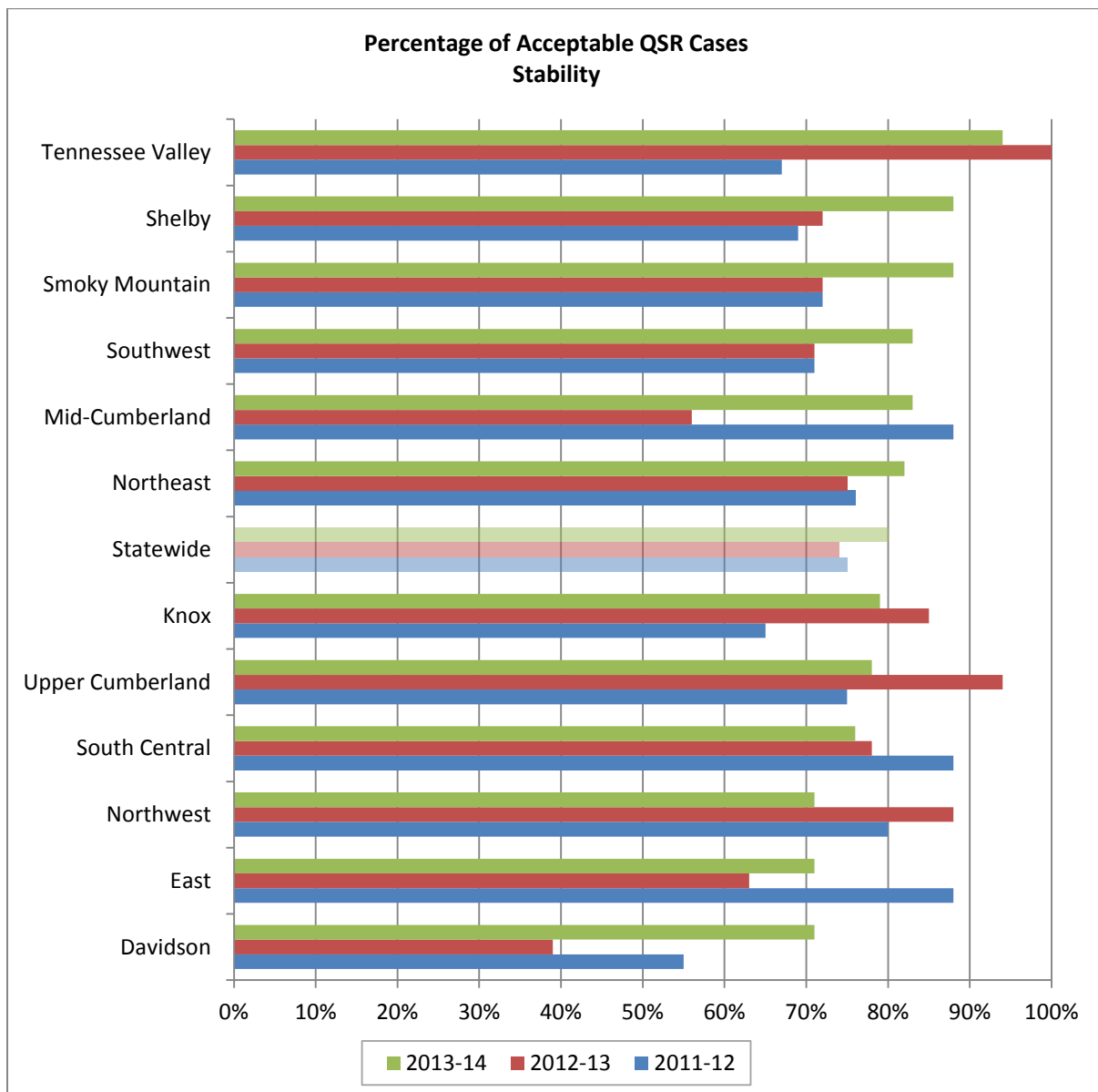


Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

E. QSR Stability Indicator

Stability is also measured by the Quality Service Review (QSR). The focus of the QSR is not just on placement stability but also on stability of school settings and stability of relationships.

Generally, a case cannot receive an acceptable score for Stability if the child has experienced more than two placements in the 12-month period prior to the review. However, a case in which the child had experienced two or fewer placements might nevertheless be scored unacceptable for Stability if the child experienced disruption in school settings or disruption of important personal, therapeutic, or professional relationships. For the 2011-12 and 2012-13 QSRs, 75% and 74% of the cases scored “acceptable” for Stability, respectively. For the 2013-14 QSR, 80% of the cases scored “acceptable.” The following figure presents the percentage of *Brian A.* cases receiving acceptable scores for Stability by region in the past three annual QSRs.



Source: QSR Databases.

APPENDIX G

Definitions of Each Incident Type



Terms and Definitions of Incidents

Supplemental to DCS Policy: 1.4

While the list below is not inclusive, it is meant to be used as a guide by those individuals charged with reporting incidents.

- 1. Abduction** – A child/youth is taken from a placement by unauthorized individuals (e.g., alleged perpetrators of abuse, non-custodial parents or relatives, *etc.*)
- 2. Arrest/Police Involvement with Child or Youth** – A child/youth that is either arrested while in the custody of DCS and the arrest has been confirmed by a law enforcement agency; or a child/youth is involved in direct contact with a law enforcement agency and they are not arrested.
- 3. Assault** – An assault is a willful and malicious attack by a child/youth on another person (this does not include “horseplay”). A physical fight between youth is the willful participation between two or more youth in a physical altercation.
- 4. Assault by Youth on Staff** – A youth in DCS custody physically attacks a staff member and the assault may or may not require medical attention.
- 5. Confinement** – The secure detainment of a youth for the purpose of control or discipline. Control is utilized when a youth is deemed a threat of harm to themselves or others. Protective custody is when a youth voluntarily requests to be placed in confinement due to a legitimate fear for his/her safety. Emergency confinement is when a youth advocates to other youth that they act in a concerted effort and there is clear and present danger that actions would cause harm to other youth/staff; take control of any part of the institution; or cause destruction of property which may significantly alter the living conditions of other youth or jeopardize the security of the facility.
- 6. Contraband** – Any item possessed by an individual or found within the facility that is illegal by law or that is expressly prohibited by those legally charged with the responsibility for the administration and operation of the facility or program and is rationally related to legitimate security, safety or treatment concerns.
- 7. Disturbance** - Disruption to the overall functioning of the program AND necessitates notifying an emergency official.
- 8. Emergency Medical Treatment** – A child/youth is injured or suffered an illness that requires emergency medical attention.

Effective Date: 05/05/14

- 9. Emergency Use of Psychotropic Medication(s)** – An emergency one-time dose of a psychotropic medication in the event of a psychiatric emergency when all other measures have been determined unlikely to prevent the child/youth from imminent harm to self and/or others.
- 10. Major Event at Agency** – An event at a congregate care location causing a significant disruption to the overall functioning of the program AND necessitates notifying an emergency official. This event affects all, or nearly all, of the children and staff at the location, (e.g., riot, fire, flood, etc.).
- 11. Mechanical Restraints** – The application of a mechanical device, material, or equipment attached or adjacent to the child/youth's body, including ambulatory restraints, which the child/youth cannot easily remove and that restrict freedom of movement or normal access to the child/youth's body.
- 12. Medication Error** – A medication error is when a medication is not administered according to the prescribing provider and/or according to DCS policies and procedures.
- 13. Mental Health Crisis** – A child/youth is engaged in or experiencing self-injurious behavior, suicidal ideation or behavior, homicidal ideation or behavior, or acute psychotic episode.
- 14. Physical Restraint** – The use of body contact by staff with a child/youth to restrict freedom of movement or normal access to his or her body.
- 15. Property** – Any state property that is lost, stolen, missing or damaged with or without intent. Any personal property that is damaged, missing or stolen while the owner is in the performance of their duties for the State or on State property.
- 16. Runaway/Escape** – A child/youth who is away from home, residence or any other residential placement of the child/youth's parent, guardian or other legal custodian (DCS) without their consent. Escape is defined as a youth who leaves the grounds of a YDC without permission or who leaves the care and custody of those transporting them off campus without permission.
- 17. Search** – A strip search is a visual inspection of the youth's body. A body cavity search is an in-depth search of a youth's body only by medical, or health care, personnel when probable cause exists that contraband is concealed within a body cavity that would threaten the safety and security of the YDC or its personnel.
- 18. Seclusion** – The confinement of a child/youth alone in a room or an area where the child/youth is physically prevented from leaving. This definition is not limited to instances in which a child/youth is confined by a locked or closed door.

19. Security Breach – A violation of established security procedures that occurs either on campus or during the transport of a child/youth that places staff or youth at risk. May also include the loss of security equipment such as keys, restraints, radios or tools.

20. Sexual Abuse – sexual abuse of a student by another student, or by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the student:

- a. Contact, penetration, any other intentional touching that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- b. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in 20 (a).
- c. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a student.
- d. Voyeurism by a staff member, contractor, or volunteer.

21. Sexual Harassment – Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one student directed toward another student, or to a student by a staff member, contractor, or volunteer.

22. Use of Chemical Defense Spray – The discharge, either purposeful or accidental, of chemical defense spray assigned to a staff member.

APPENDIX H

DCS Pharmacy Data Summary, Calendar Year 2013

Tennessee Department of Children's Services
Psychotropic Pharmacy Data
Annual Aggregated Analysis
January-December 2013

The Tennessee Department of Children's Services (DCS) has received Psychotropic Pharmacy Claims Data from 2006 to the present. Psychotropic pharmacy claims data initially was received from the Managed Care Organization for DCS (TennCare Select aka Blue Cross/Blue Shield). Since 2010, claims data has been provided by the Bureau of TennCare. Currently the Pharmacy Benefits Manager supplying claims data information to the Bureau of TennCare is Magellan. The information each month used in the annual aggregated analysis includes:

- the name of child
- social security number of the child
- the date of birth
- the age of child
- the prescriber's name, specialty, and address
- the date the medication was dispensed
- the medication's name, strength, and the quantity dispensed
- the amount paid
- the pharmacy's name and address

The information within the pharmacy claims data provided each month is matched with data from the Tennessee DCS Statewide Automated Child Welfare Information System (SACWIS), Tennessee Family and Child Tracking System (TFACTS).

- Summary information is calculated on demographic information, such as adjudication, gender, and race.
- Summary information on the medication as well as the prescribing provider is provided.

The information from each month is totaled and averaged for the year. Please note the following:

- Average number of medications is based on the number of unique medications prescribed for a child each month.
- Medications prescribed within a single month are not necessarily administered to the child/youth simultaneously. A medication may have been discontinued mid-month and another began.
- Inflation of averages will occur as some medications that are included are also used for non-psychiatric purposes (e.g., Depakote for seizure disorder rather than mood stabilization).
- Medications may be prescribed simultaneously with the intent of cross-titration. This occurs frequently as one medication is titrated down and discontinued as another medication is begun and titrated to therapeutic dosages. This is acceptable and often preferred standard of practice.
- Data regarding prescriber information (e.g., specialty) is not as complete as previous years. The majority of prescribers and their specialties are not provided. This is an artifact of changing the data source from TennCare's system to Magellan's. The Bureau of TennCare is in the process of cleaning up prescriber information to be provided to Magellan. This information will be sent to Magellan so that it can be incorporated into the first quarter 2014 results.

Principal 2013 findings:

Statewide

- The average number of DCS children prescribed at least one medication per month was 2096 children (25.4%).
- For the children who were in DCS custody for at least one day during the calendar year and prescribed at least one medication during the calendar year:
 - Approximately thirty-one percent (30.8%) of the children were prescribed at least one medication (annual prevalence).
 - A child's average age was approximately thirteen years (12.9).
 - A child's average length of time in custody during the calendar year was ten months (10.1).
 - A child's average number of months being prescribed at least one medication was approximately six months (5.8).
 - The child's average number of medications being prescribed each month was approximately two prescriptions (1.8).
 - Thirteen percent (12.8%) of the children prescribed at least one medication were prescribed a medication every month of the calendar year.
 - The average age of the child was 12.1 years.
 - The average number of months the child had 4 or more medications prescribed was 6.4 months.
 - The average number of medications prescribed each month was 2.6 medications.
- Fifteen percent (14.7%) of the children prescribed at least one medication were prescribed 4 or more medications for at least one month of the calendar year.
 - Average age of the child was 13.6 years.
 - The average number of months the child had 4 or more medications prescribed was 4.3 months.
 - Thirty-two (32.3%) percent of the children were prescribed 4 medications only one month during the calendar year.
 - Approximately five percent (4.5%) of the children were prescribed four or more medications all twelve months of the calendar year.
 - The child's average length of stay in custody for the calendar year was 10.7 months.
 - The average number of medications prescribed each month was 4.2 medications.
- The five medications prescribed the most during the calendar year:
 1. Guanfacine
 2. Vyvanse
 3. Clonidine
 4. Hydroxyzine
 5. Trazodone
- The five classes of medications prescribed the most during the calendar year:

<u>Medication Class</u>	<u>Medication1</u>	<u>Medication2</u>
1) Anti-depressants	Trazodone HCL	Zoloft
2) Stimulants	Vyvanse	Methylphenidate
3) Anti-psychotic	Risperdal	Abilify
4) Anti-hypertensives	Guanfacine	Clonidine

- A child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect and approximately thirteen years of age; and the child is prescribed approximately two medications (1.8) per month.

Brian A Children

- The average number of Brian A children prescribed at least one medication per month was 1630 children.
- For the Brian A children who were in DCS custody for at least one day during the calendar year and prescribed at least one medication during the calendar year:
 - Twenty-eight percent (27.8%) of the children were prescribed at least one medication.
 - A child's average age was approximately twelve years (11.8).
 - A child's average length of time in custody for the calendar year was ten months (10.2).
 - Brian A child's average number of months being prescribed at least one medication was approximately six months (6.1).
 - Brian A child's average number of medications being prescribed each month was approximately two prescriptions (1.8).
 - Sixteen percent (15.5%) of the Brian A children prescribed at least one medication were prescribed a medication every month of the calendar year.
 - The average age of the child was 11.7 years.
 - The average number of months the child had 4 or more medications prescribed was 6.5 months.
 - The average number of medications prescribed each month was 2.6 medications.
- Approximately sixteen percent (15.9%) of the Brian A children prescribed at least one medication were prescribed 4 or more medications for at least one month of the calendar year.
 - Average age of the child was 13.1 years.
 - The average number of months the child had 4 or more medications prescribed was 4.6 months.
 - Thirty percent (30.3%) of the children were prescribed 4 medications only one month during the calendar year.
 - Approximately five percent (5.1%) of the Brian A children were prescribed four or more medications all twelve months of the calendar year.
 - The child's average length of stay in custody for the calendar year is 10.6 months.
 - The average number of medications prescribed each month is 4.2 medications.
- The five medications prescribed the most during the calendar year were
 1. Guanfacine
 2. Clonidine
 3. Vyvanse
 4. Hydroxyzine
 5. Risperdal
- The five classes of medications prescribed the most during the calendar year:

<u>Medication Class</u>	<u>Medication1</u>	<u>Medication2</u>
1) Anti-depressants	Trazodone HCL	Zoloft
2) Stimulants	Vyvanse	Methylphenidate

3) Anti-psychotic	Risperdal	Abilify
4) Anti-hypertensives	Guanfacine	Clonidine
5) Mood Stabilizers	Lamotrigine	Depakote

A Brian child in DCS custody and administered medication was more likely to be a white male, adjudicated dependent neglect, twelve years of age; and the child was prescribed approximately two medications (1.8) per month.

Chart 1

Number of Children in DCS Custody Prescribed at Least One Medication
By Month

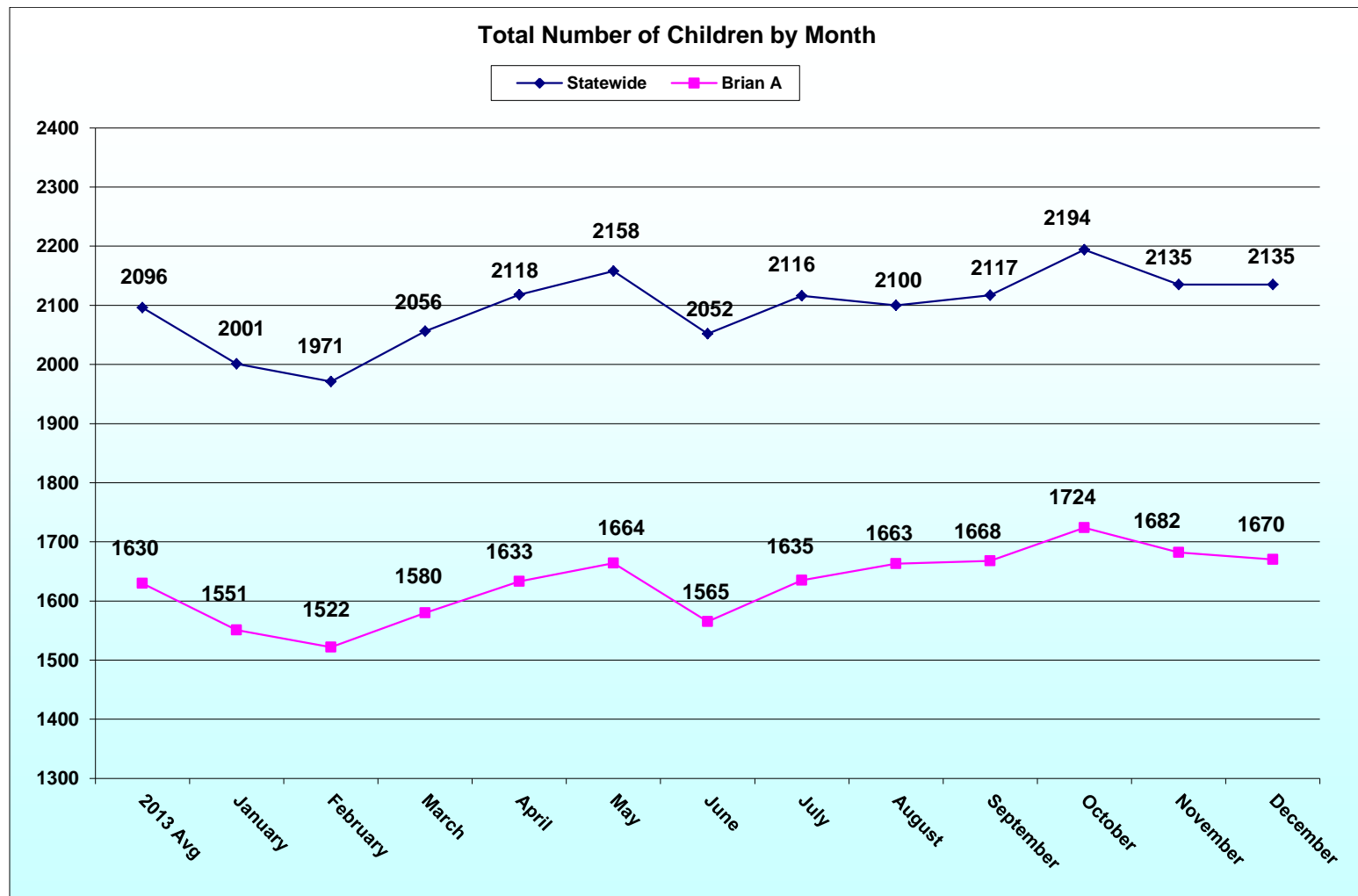
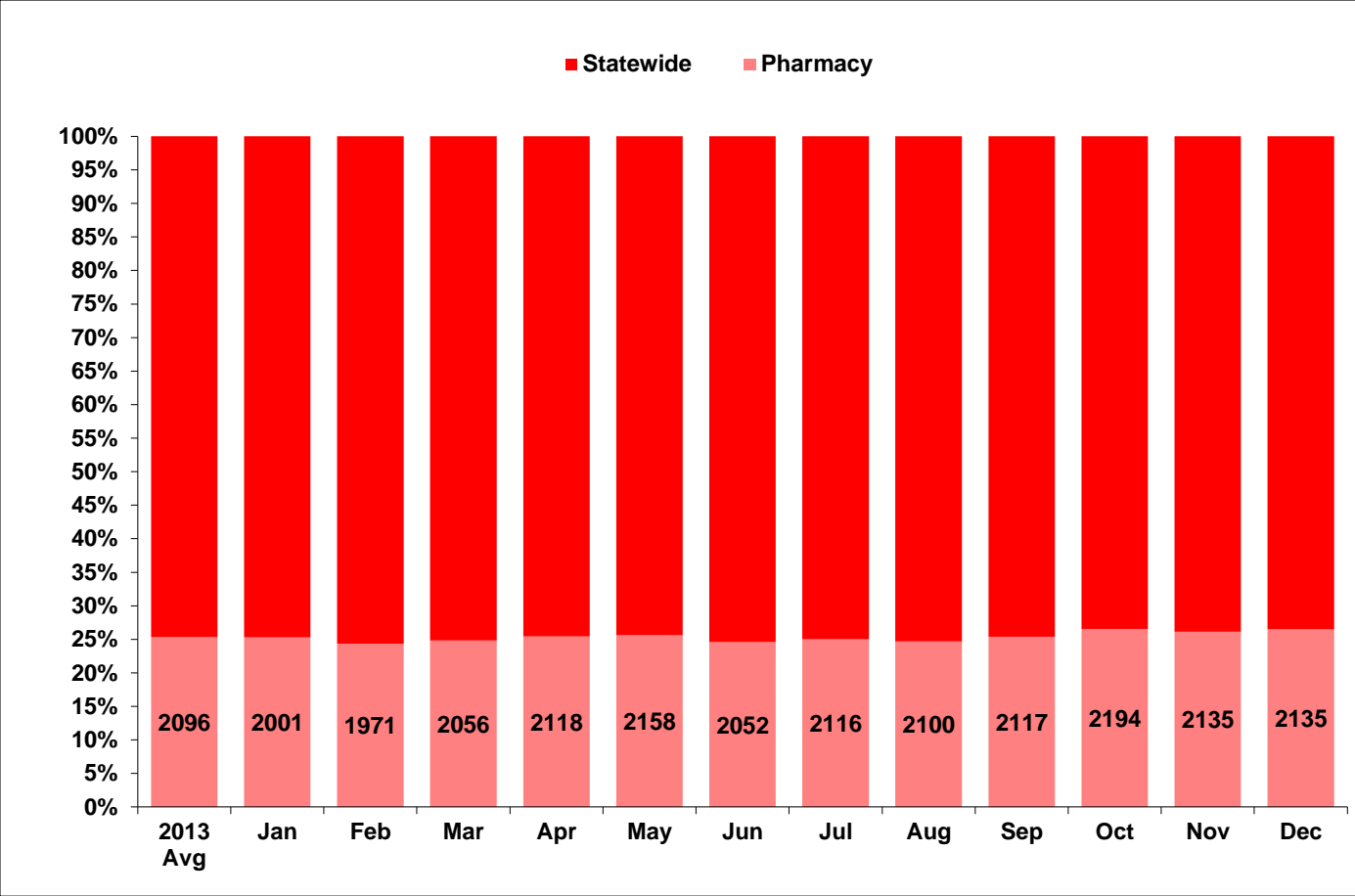


Chart 2A

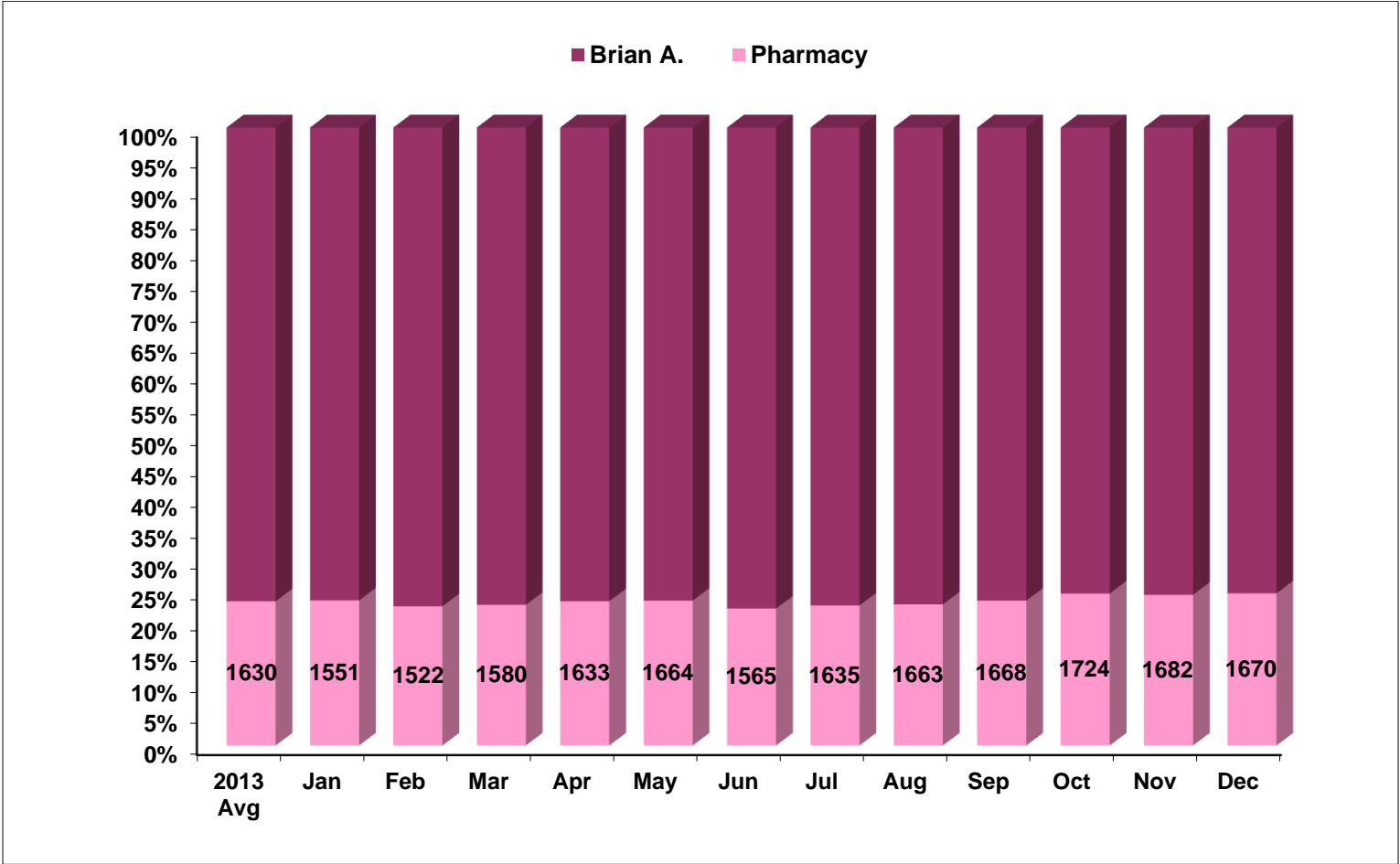
Percentage of Children in DCS Custody Prescribed at Least One Medication
By Month



2013 Average Number of Children - 8263

Chart 2B

Percentage of Brian A Children in DCS Custody Prescribed at Least One Medication
By Month



2013 Average Number of Brian A. Children - 6925

Table 1A

**--Statewide-Demographics--
January-December 2013**

Number of Children by Demographics														
		Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
	Total ...	2096	2001	1971	2056	2118	2158	2052	2116	2100	2117	2194	2135	2135
Adjudication														
	Dependent/Neglect	1581	1496	1467	1525	1578	1609	1525	1591	1616	1623	1681	1630	1626
	Delinquent	459	450	449	474	483	491	478	469	427	438	456	446	449
	Unruly	56	55	55	57	57	58	49	56	57	56	57	59	60
Gender														
	Male	1313	1269	1264	1305	1329	1357	1290	1316	1306	1325	1345	1332	1322
	Female	783	732	707	751	789	801	762	800	794	792	849	803	813
Age Range														
	<= 5	81	83	86	86	86	93	70	83	68	77	87	82	74
	6 - 10	442	397	408	425	438	456	423	450	458	448	468	469	458
	11 - 14	587	594	553	596	591	612	588	585	582	600	598	569	575
	15 - 17	934	884	890	898	957	948	918	931	947	938	982	958	962
	18 +	52	43	34	51	46	49	53	67	45	54	59	57	66
Race														
	White	1525	1429	1436	1495	1566	1586	1490	1528	1539	1533	1590	1552	1556
	Black/African American	462	449	424	450	454	455	450	471	460	475	493	480	480
	American Indian/Alaska Native	4	6	5	4	4	5	3	4	2	2	4	4	4
	Asian	1	1	1	1	2	1	1	1	1	1	1	1	1
	Multi Racial	90	91	87	92	80	101	97	98	84	94	91	85	84
	Native Hawaiian/Other Pacific Islander	3	4	3	3	3	3	3	3	3	4	4	3	3
	Unable to Determine	11	21	15	11	9	7	8	11	11	8	11	10	7

Table 1B

**--Brian A-Demographics--
January-December 2013**

Brian A. Children by Demographics		Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...		1630	1551	1522	1580	1633	1664	1565	1635	1663	1668	1724	1682	1670
Adjudication														
	Dependent/Neglect	1574	1496	1467	1523	1576	1606	1516	1580	1607	1613	1668	1624	1611
	Unruly	56	55	55	57	57	58	49	55	56	55	56	58	59
Gender														
	Male	978	935	931	958	975	996	942	967	998	1010	1021	1014	987
	Female	652	616	591	622	658	668	623	668	665	658	703	668	683
Age Range														
	<= 5	81	83	86	86	86	93	70	83	68	77	87	82	74
	6 - 10	441	397	407	424	437	455	422	450	458	448	468	469	458
	11 - 14	519	518	479	517	514	534	513	516	524	540	542	511	515
	15 - 17	589	553	550	553	596	582	560	586	613	603	627	620	623
Race														
	White	1215	1130	1123	1174	1239	1254	1164	1223	1257	1236	1284	1251	1245
	Black/African American	329	326	312	320	319	320	313	326	328	343	355	346	340
	American Indian/Alaska Native	3	3	3	2	3	3	3	3	2	2	3	3	3
	Asian	1	1	1	1	2	1	1	1	1	1	1	1	1
	Multi Racial	72	71	69	72	62	79	77	73	65	77	71	72	74
	Native Hawaiian/Other Pacific Islander	3	4	3	3	3	3	3	3	3	4	4	3	3
	Unable to Determine	7	16	11	8	5	4	4	6	7	5	6	6	4

Table 1C

**--Statewide-Children in DCS Custody--
January-December 2013**

Number of Children in Custody by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	8263	7910	8092	8273	8322	8426	8348	8466	8512	8336	8255	8169	8050
Adjudication													
Dependent/Neglect	6802	6430	6570	6759	6802	6911	6878	7033	7101	6948	6845	6730	6615
Delinquent	1335	1350	1389	1381	1381	1382	1340	1305	1286	1273	1295	1322	1319
Unruly	126	130	133	133	139	133	130	128	125	115	115	117	116
Gender													
Male	4695	4551	4664	4701	4721	4779	4727	4768	4812	4732	4667	4639	4582
Female	3568	3359	3428	3572	3601	3647	3621	3698	3700	3604	3588	3530	3468
Age Range													
<= 5	2661	2533	2569	2645	2649	2684	2677	2750	2814	2742	2693	2628	2550
6 - 10	1569	1442	1470	1562	1576	1603	1594	1647	1656	1606	1579	1553	1544
11 - 14	1385	1356	1382	1405	1414	1450	1427	1439	1410	1371	1348	1324	1295
15 - 17	2441	2367	2436	2431	2461	2476	2445	2433	2452	2431	2442	2463	2453
18 +	207	212	235	230	222	213	205	197	180	186	193	201	208
Race													
White	5735	5444	5603	5756	5782	5862	5820	5879	5892	5790	5731	5677	5586
Black/African American	2073	2019	2046	2063	2069	2078	2053	2121	2148	2102	2080	2059	2037
American Indian/Alaska Native	15	16	16	16	14	14	16	15	15	15	14	12	12
Asian	7	5	5	6	7	8	8	8	8	8	7	7	9
Multi Racial	396	376	376	390	413	425	419	412	416	390	388	380	369
Native Hawaiian/Other Pacific Islander	10	10	10	9	9	9	9	9	9	10	10	10	11
Unable to Determine	28	40	36	33	28	30	23	22	24	21	25	24	26

Table 1D

**--Brian A-Children in DCS Custody--
January-December 2013**

Number of Brian A. Children in Custody by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	6925	6558	6700	6889	6937	7041	7004	7157	7222	7060	6958	6845	6729
Adjudication													
Dependent/Neglect	6799	6428	6567	6756	6798	6908	6874	7029	7097	6945	6843	6728	6613
Unruly	126	130	133	133	139	133	130	128	125	115	115	117	116
Gender													
Male	3593	3421	3507	3562	3587	3644	3629	3701	3762	3676	3599	3541	3488
Female	3332	3137	3193	3327	3350	3397	3375	3456	3460	3384	3359	3304	3241
Age Range													
<= 5	2661	2533	2569	2645	2649	2684	2677	2750	2814	2742	2693	2628	2550
6 - 10	1569	1442	1469	1561	1575	1602	1593	1647	1656	1606	1579	1553	1544
11 - 14	1256	1218	1245	1267	1273	1301	1282	1307	1285	1259	1241	1212	1184
15 - 17	1439	1365	1417	1416	1440	1454	1452	1453	1467	1453	1445	1452	1451
Race													
White	5040	4761	4882	5035	5048	5128	5113	5201	5231	5130	5060	4987	4899
Black/African American	1485	1406	1432	1458	1473	1487	1473	1544	1572	1537	1507	1473	1453
American Indian/Alaska Native	13	13	13	13	12	12	14	14	14	13	12	10	11
Asian	3	3	3	3	3	3	3	4	3	3	3	3	4
Multi Racial	353	333	332	345	369	375	372	366	372	349	348	344	334
Native Hawaiian/Other Pacific Islander	9	10	10	9	9	9	9	9	9	10	9	9	10
Unable to Determine	23	32	28	26	23	27	20	19	21	18	19	19	18

Table 1E

**--Statewide-Placement Type Information--
January-December 2013**

Placement	Yearly Average													
	Statewide	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Children Total ...	8263	2096	2001	1971	2056	2118	2158	2052	2116	2100	2117	2194	2135	2135
Contract Foster Care	763	49	63	57	63	55	50	45	50	40	47	42	37	40
DCS Foster Care	2957	278	272	258	285	312	309	258	269	278	266	292	263	272
DCS Foster Care-Expedited	337	24	26	27	18	17	23	22	34	31	27	23	21	19
DCS Overnight Office Placement	1	1	0	0	0	1	0	0	1	0	0	0	0	0
In-Home	61	3	3	4	6	3	3	4	1	2	4	2	2	2
Independent Living Placement	1	1	0	0	0	0	0	0	1	1	0	0	0	0
Inpatient	13	2	0	1	3	0	1	0	0	0	0	0	0	0
Instate County Jail Placment	4	1	0	0	0	0	0	0	0	0	1	0	0	0
Judicial Detention	79	11	11	6	11	6	12	8	16	11	15	15	7	12
Level 2	19	11	13	11	15	19	18	8	5	9	5	8	9	7
Level 2 Continuum	1477	569	520	528	532	557	576	554	577	585	590	618	605	591
Level 2 Enhanced	16	4	4	3	4	2	3	7	7	4	1	1	1	8
Level 2 Special Needs	10	7	5	6	7	7	8	8	7	7	6	5	6	6
Level 2 Special Needs Continuum	16	8	9	7	11	9	12	10	10	4	7	6	8	6
Level 2 Special Population	181	107	96	106	110	119	131	102	100	100	105	108	101	103
Level 3	123	97	87	88	95	97	95	106	101	95	100	103	101	99
Level 3 Continuum	154	98	91	90	93	92	97	94	100	96	105	106	110	105
Level 3 Continuum Enhanced	23	11	9	9	13	13	12	12	11	10	11	12	12	11
Level 3 Continuum Special Needs	778	553	530	519	537	548	554	549	561	544	553	590	574	578
Level 3 Enhanced	63	47	50	52	49	54	50	44	42	46	43	44	45	41
Level 4	77	72	72	73	78	78	77	74	78	80	75	64	59	58
Level 4 Special Needs	49	46	31	27	30	29	43	39	46	53	57	61	67	70
Medically Fragile Foster Home	52	8	10	10	9	10	7	7	8	7	8	7	9	7
Primary Treatment Center (PTC)	47	19	22	27	17	27	11	16	16	19	15	15	22	16
Runaway	116	3	3	3	4	3	3	7	5	3	4	1	1	1
Trial Home Visit	485	67	70	55	61	54	62	75	67	69	70	70	75	80
Youth Development Center Placement	361	3	3	3	4	5	1	3	3	6	2	1	0	3

Table 1F

**--Brian A-Placement Type Information--
January-December 2013**

Placement	Yearly Average													
	Brian A	Pharmacy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Brian A. Children Total ...	6925	1630	1551	1522	1580	1633	1664	1565	1635	1663	1668	1724	1682	1670
Contract Foster Care	760	48	62	56	63	55	50	44	49	39	46	41	36	39
DCS Foster Care	2933	272	267	252	278	308	301	251	261	274	258	285	258	266
DCS Foster Care-Expedited	333	24	25	27	18	17	23	22	32	31	26	23	20	18
DCS Overnight Office Placement	1	1	0	0	0	1	0	0	1	0	0	0	0	0
In-Home	60	3	3	4	6	3	3	4	1	2	3	1	2	2
Independent Living Placement	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient	12	1		1	2		1	0	0	0	0	0	0	0
Instate County Jail Placment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Judicial Detention	7	2	0	0	0	0	0	0	4	2	2	3	1	1
Level 2	4	3	4	4	5	6	5	2	2	1	1	1	2	3
Level 2 Continuum	1313	505	458	467	473	493	501	484	505	516	527	554	553	532
Level 2 Enhanced	5	2	0	2	2	0	0	0	3	2	1	0	0	2
Level 2 Special Needs	10	7	5	6	7	7	8	8	7	7	6	5	6	6
Level 2 Special Needs Continuum	1	1	1	0	0	0	1	0	0	0	0	0	0	1
Level 2 Special Population	55	36	27	26	33	38	45	36	35	40	43	41	35	36
Level 3	82	72	65	69	69	69	70	73	71	69	73	76	78	80
Level 3 Continuum	101	66	66	59	64	60	64	59	71	68	73	72	70	71
Level 3 Continuum Enhanced	2	2	3	2	2	2	2	2	1	2	1	1	1	1
Level 3 Continuum Special Needs	545	400	388	382	391	401	401	394	398	403	401	420	410	411
Level 3 Enhanced	30	24	23	20	21	25	26	24	23	25	20	26	28	25
Level 4	62	58	57	56	61	60	62	58	62	65	62	54	51	47
Level 4 Special Needs	41	38	25	21	23	24	36	34	38	45	48	51	54	52
Medically Fragile Foster Home	52	8	10	10	9	10	7	7	8	7	8	7	9	7
Primary Treatment Center (PTC)	24	10	9	13	8	17	9	9	13	12	10	7	9	8
Runaway	63	2	1	1	1	1	2	4	2	1	3	0	1	0
Trial Home Visit	429	50	52	44	44	36	47	50	48	52	56	56	58	62

Table 2A

**--Statewide-Number of Prescriptions--
January-December 2013**

Number of Children By Month	Statewide	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	8263	2096	817	652	395	232
January	7910	2001	771	628	371	231
February	8092	1971	772	623	365	211
March	8273	2056	769	674	390	223
April	8322	2118	826	650	411	231
May	8426	2158	875	638	412	233
June	8348	2052	832	633	376	211
July	8466	2116	831	640	406	239
August	8512	2100	820	632	395	253
September	8336	2117	804	656	414	243
October	8255	2194	832	696	421	245
November	8169	2135	858	660	384	233
December	8050	2135	817	692	390	236

Table 2B

**--Brian A-Number of Prescriptions--
January-December 2013**

Number of Brian A. Children By Month	Brian A	Pharmacy	Number of Prescriptions			
			1	2	3	4+
Yearly Average	6925	1630	622	502	314	192
January	6558	1551	593	490	286	182
February	6700	1522	585	485	284	168
March	6889	1580	601	501	296	182
April	6937	1633	639	497	316	181
May	7041	1664	671	482	329	182
June	7004	1565	612	478	299	176
July	7157	1635	615	492	328	200
August	7222	1663	626	494	330	213
September	7060	1668	615	505	342	206
October	6958	1724	628	549	340	207
November	6845	1682	649	527	304	202
December	6729	1670	626	526	316	202

Table 3A

**--Statewide-Number of Children with 4+ Prescriptions by Age Group--
January-December 2013**

Number of Children By Age Group With 4+ Prescriptions	Statewide	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	8263	2096	0	39	80	108	6
January	7910	2001	0	34	76	116	5
February	8092	1971	1	31	68	108	3
March	8273	2056	0	38	71	109	5
April	8322	2118	0	38	78	109	6
May	8426	2158	0	35	79	111	8
June	8348	2052	0	36	73	98	4
July	8466	2116	1	43	83	109	3
August	8512	2100	0	50	88	109	6
September	8336	2117	0	44	86	106	7
October	8255	2194	0	40	84	114	7
November	8169	2135	0	35	89	102	7
December	8050	2135	0	41	81	106	8

Table 3B

**--Brian A-Number Children with 4+ Prescriptions by Age Group--
January-December 2013**

Number of Brian A. Children By Age Group With 4+	Brian A	Pharmacy	Age Group (Years)				
			<=5	6-10	11-14	15-17	18+
Yearly Average	6925	1630	0	38	73	80	
January	658	1551	0	34	68	80	
February	6700	1522	1	30	64	73	
March	6889	1580	0	37	66	79	
April	6937	1633	0	37	71	73	
May	7041	1664	0	35	70	77	
June	7004	1565	0	35	69	72	
July	7157	1635	1	43	76	80	
August	7222	1663	0	50	80	83	
September	7060	1668	0	44	78	84	
October	6958	1724	0	40	79	88	
November	6845	1682	0	35	84	83	
December	6729	1670	0	41	76	85	

Table 3C

**--Statewide-Children in DCS Custody with 4+ Prescriptions--
January-December 2013**

Number of Children with 4+ Prescriptions by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	232	231	211	223	231	233	211	239	253	243	245	233	236
Adjudication													
Dependent/Neglect	187	176	166	177	177	180	171	193	207	203	200	199	200
Delinquent	40	49	43	40	49	49	35	39	39	36	38	31	32
Unruly	5	6	2	6	5	4	5	7	7	4	7	3	4
Gender													
Male	159	153	142	153	159	157	141	164	176	165	169	163	160
Female	74	78	69	70	72	76	70	75	77	78	76	70	76
Age Range													
<= 5	1	0	1	0	0	0	0	1	0	0	0	0	0
6 - 10	39	34	31	38	38	35	36	43	50	44	40	35	41
11 - 14	80	76	68	71	78	79	73	83	88	86	84	89	81
15 - 17	108	116	108	109	109	111	98	109	109	106	114	102	106
18 +	6	5	3	5	6	8	4	3	6	7	7	7	8
Race													
White	186	186	164	174	186	186	166	193	209	203	195	187	188
Black/African American	35	38	35	38	34	37	31	36	31	29	38	34	36
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	10	5	10	10	9	10	11	9	12	10	12	12	12
Native Hawaiian/Other Pacific Islander	1	1	1	0	1	0	1	0	0	0	0	0	0
Unable to Determine	1	1	1	1	1	0	2	1	1	1	0	0	0

Table 3D

**--Brian A-Children in DCS Custody with 4+ Prescriptions--
January-December 2013**

Brian A. Children with 4+ Prescriptions by Demographics													
	Yearly Average	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Total ...	192	182	168	182	181	182	176	200	213	206	207	202	202
Adjudication													
Dependent/Neglect	187	176	166	176	176	178	171	193	206	202	200	199	198
Unruly	5	6	2	6	5	4	5	7	7	4	7	3	4
Gender													
Male	132	122	116	127	125	123	121	137	149	141	145	142	136
Female	60	60	52	55	56	59	55	63	64	65	62	60	66
Age Range													
<= 5	1	0	1	0	0	0	0	1	0	0	0	0	0
6 - 10	38	34	30	37	37	35	35	43	50	44	40	35	41
11 - 14	73	68	64	66	71	70	69	76	80	78	79	84	76
15 - 17	80	80	73	79	73	77	72	80	83	84	88	83	85
Race													
White	156	144	131	143	146	146	143	167	180	173	167	166	164
Black/African American	28	31	28	31	27	29	24	28	24	24	30	26	28
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
Multi Racial	8	5	7	7	6	7	7	5	8	8	10	10	10
Native Hawaiian/Other Pacific Islander	1	1	1	0	1	0	1	0	0	0	0	0	0
Unable to Determine	1	1	1	1	1	0	1	0	1	1	0	0	0

Table 4A

**--Statewide-Unique Children in DCS Custody--
January-December 2013**

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2013)				
						Average				
						Age/Years	Months in Custody	Months with a Prescription	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	14181*	4372	644	560	29	12.9	10.1	5.8	4.3	1.8
Adjudication										
Dependent/Neglect	11373	3092	493	486	26	11.7	10.3	6.2	4.6	1.8
Delinquent	2576	1153	133	61	3	16.0	9.7	4.7	3.4	1.7
Unruly	232	127	18	13	0	15.3	9.6	5.3	3.3	1.8
Gender										
Male	8088	2713	407	384	21	12.8	10.1	5.8	4.7	1.8
Female	6093	1659	237	176	8	13.1	10.1	5.7	3.7	1.8
Age Range										
<= 5	4719	290	4	15	0	3.5	10.6	4.1	2.5	1.2
6 - 10	2494	838	112	161	6	8.0	10.3	6.7	4.8	1.8
11 - 14	2356	1116	209	211	15	12.9	10.2	6.9	5.1	2.0
15 - 17	4262	2017	310	173	8	16.1	9.8	5.2	3.8	1.8
18 +	350	111	9	0	0	18.0	10.8	2.5	2.2	1.6
Race										
White	9750	3108	502	428	27	12.8	10.0	5.9	4.5	1.9
Black/African American	3674	1020	113	107	2	13.5	10.2	5.4	3.7	1.7
American Indian/Alaska Native	25	11	0	0	0	14.1	11.3	4.3		1.8
Asian	12	2	0	1	0	11.5	12.0	6.5		1.4
Multi Racial	632	186	25	23	0	11.9	10.6	5.8	4.9	1.7
Native Hawaiian/Other Pacific Islander	14	5	1	0	0	13.6	10.4	7.8	4.0	1.6
Unable to Determine	74	40	3	1	0	13.6	10.7	3.2	3.0	1.5

*This number was obtained by selecting all children in DCS custody on January 1, 2013 and adding all admissions to DCS from January 1 – December 31, 2013.

Table 4B

**--Brian A-Unique Children in DCS Custody--
January-December 2013**

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2013)				
						Average				
						Age/Years	Months in Custody	Months with a Prescription	Months with 4+ Prescription	Number of Prescriptions
Total ...	11559*	3219	511	499	26	11.8	10.2	6.1	4.6	1.8
Adjudication										
Dependent/Neglect	11330	3092	493	486	26	11.7	10.3	6.2	4.6	1.8
Unruly	229	127	18	13	0	15.3	9.6	5.3	3.3	1.8
Gender										
Male	5926	1843	322	340	20	11.4	10.3	6.4	5.0	1.9
Female	5633	1376	189	159	6	12.5	10.2	5.7	3.8	1.8
Age Range										
<= 5	4719	290	4	15	0	3.5	10.6	4.1	2.5	1.2
6 - 10	2493	838	112	161	6	8.0	10.3	6.7	4.8	1.8
11 - 14	2057	946	179	196	15	12.8	10.3	7.0	5.4	2.0
15 - 17	2290	1145	216	127	5	16.0	10.1	5.5	3.8	1.9
Race										
White	8360	2369	407	387	25	11.8	10.2	6.2	4.7	1.9
Black/African American	2546	660	84	90	1	12.2	10.3	6.0	3.9	1.7
American Indian/Alaska Native	22	8	0	0	0	13.5	11.0	4.3		1.7
Asian	5	2	0	1	0	11.5	12.0	6.5		1.4
Multi Racial	554	148	18	20	0	11.0	10.5	5.8	5.0	1.7
Native Hawaiian/Oth Pacific Isl.	13	5	1	0	0	13.6	10.4	7.8	4.0	1.6
Unable to Determine	59	27	1	1	0	12.4	11.4	3.0	7.0	1.5

***This number was obtained by selecting all Brian A children in DCS custody on January 1, 2013 and adding all Brian A admissions to DCS from January 1 – December 31, 2013.**

Table 4C

**--Unique Children in DCS Custody - 4+ Prescriptions--
January-December 2013**

Unique Number of Children by Demographics	Statewide	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2013)				
				Average				
				Age/Years	Months in Custody	Months with a Prescription	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	14181*	4372	644	13.6	10.7	8.8	4.3	4.2
Adjudication								
Dependent/Neglect	11373	3092	493	13.0	10.6	9.1	4.6	4.2
Delinquent	2576	1153	133	15.6	10.8	7.9	3.4	4.2
Unruly	232	127	18	14.9	10.7	8.1	3.3	4.1
Gender								
Male	8088	2713	407	13.2	10.7	9.0	4.7	4.2
Female	6093	1659	237	14.3	10.6	8.4	3.7	4.2
Age Range								
<= 5	4719	290	4	4.5	10.3	8.8	2.5	4.5
6 - 10	2494	838	112	8.3	10.7	9.9	4.8	4.2
11 - 14	2356	1116	209	12.9	10.8	9.8	5.1	4.2
15 - 17	4262	2017	310	16.0	10.5	7.8	3.8	4.2
18 +	350	111	9	18.0	12.0	5.0	2.2	4.1
Race								
White	9750	3108	502	13.6	10.7	8.9	4.5	4.2
Black/African American	3674	1020	113	13.6	10.7	8.5	3.7	4.1
American Indian/Alaska Native	25	11	0					
Asian	12	2	0					
Multi Racial	632	186	25	13.4	10.5	8.9	4.9	4.2
Native Hawaiian/Other Pacific Islander	14	5	1	7.0	12.0	11.0	4.0	4.0
Unable to Determine	74	40	3	15.0	10.3	8.3	3.0	4.3

*This number was obtained by selecting all children in DCS custody on January 1, 2013 and adding all admissions to DCS from January 1 – December 31, 2013.

Table 4D

**--Unique Children in DCS Custody – Brian A 4+ Prescriptions--
January-December 2013**

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	4+ Prescriptions	Calendar Year (January - December 2013)				
				Average				
				Age/Years	Months in Custody	Months with a Prescription	Months with 4+ Prescription	Number of Prescriptions
Total ...	11559*	3219	511	13.1	10.6	9.1	4.6	4.2
Adjudication								
Dependent/Neglect	11330	3092	493	13.0	10.6	9.1	4.6	4.2
Unruly	229	127	18	14.9	10.7	8.1	3.3	4.1
Gender								
Male	5926	1843	322	12.6	10.7	9.3	5.0	4.2
Female	5633	1376	189	13.9	10.5	8.6	3.8	4.2
Age Range								
<= 5	4719	290	4	4.5	10.3	8.8	2.5	4.5
6 - 10	2493	838	112	8.3	10.7	9.9	4.8	4.2
11 - 14	2057	946	179	12.8	10.8	10.0	5.4	4.2
15 - 17	2290	1145	216	16.0	10.5	7.9	3.8	4.2
Race								
White	8360	2369	407	13.1	10.6	9.1	4.7	4.2
Black/African American	2546	660	84	13.1	10.8	8.8	3.9	4.1
American Indian/Alaska Native	22	8	0					
Asian	5	2	0					
Multi Racial	554	148	18	12.8	10.2	9.1	5.0	4.3
Native Hawaiian/Oth Pacific Isl.	13	5	1	7.0	12.0	11.0	4.0	4.0
Unable to Determine	59	27	1	12.0	12.0	12.0	7.0	4.0

*This number was obtained by selecting all Brian A children in DCS custody on January 1, 2013 and adding all Brian A admissions to DCS from January 1 – December 31, 2013

Table 4E

**--Unique Children in DCS Custody – Prescription(s) All 12 Months--
January-December 2013**

Unique Number of Children by Demographics	Statewide	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2013)				
					Average				
					Age/Years	Months in Custody	Months with a Prescription	Months with 4+ Prescription	Number of Monthly Prescriptions
Total ...	14181*	4372	560	29	12.1	12.0	12.0	6.4	2.6
Adjudication									
Dependent/Neglect	11373	3092	486	26	11.6	12.0	12.0	6.5	2.6
Delinquent	2576	1153	61	3	15.2	12.0	12.0	5.9	2.7
Unruly	232	127	13	0	15.2	12.0	12.0	4.8	2.6
Gender									
Male	8088	2713	384	21	11.9	12.0	12.0	6.5	2.6
Female	6093	1659	176	8	12.6	12.0	12.0	6.2	2.6
Age Range									
<= 5	4719	290	15	0	4.9	12.0	12.0	7.0	1.8
6 - 10	2494	838	161	6	8.2	12.0	12.0	6.4	2.5
11 - 14	2356	1116	211	15	12.7	12.0	12.0	6.8	2.8
15 - 17	4262	2017	173	8	15.7	12.0	12.0	6.0	2.7
18 +	350	111	0	0					
Race									
White	9750	3108	428	27	11.9	12.0	12.0	6.5	2.7
Black/African American	3674	1020	107	2	13.0	12.0	12.0	5.7	2.5
American Indian/Alaska Native	25	11	0	0					
Asian	12	2	1	0	11.0	12.0	12.0		1.8
Multi Racial	632	186	23	0	12.3	12.0	12.0	6.1	2.4
Native Hawaiian/Other Pacific Islander	14	5	0	0					
Unable to Determine	74	40	1		12.0	12.0	12.0	7.0	3.5

*This number was obtained by selecting all children in DCS custody on January 1, 2013 and adding all admissions to DCS from January 1 – December 31, 2013.

Table 4F

**--Unique Children in DCS Custody – Brian A. Prescription(s) All 12 Months--
January-December 2013**

Unique Number of Brian A. Children by Demographics	Brian A.	Pharmacy	Prescription Every Month of the Calendar Year	Prescription Every Month and 4+ Drugs Every Month of the Calendar Year	Calendar Year (January - December 2013)				
					Average				
					Age/Years	Months in Custody	Months with a Prescription	Months with 4+ Prescription	Number of Prescriptions
Total ...	11559*	3219	499	26	11.7	12.0	12.0	6.5	2.6
Adjudication									
Dependent/Neglect	11330	3092	486	26	11.6	12.0	12.0	6.5	2.6
Unruly	229	127	13	0	15.2	12.0	12.0	4.8	2.6
Gender									
Male	5926	1843	340	20	11.5	12.0	12.0	6.6	2.7
Female	5633	1376	159	6	12.3	12.0	12.0	6.1	2.6
Age Range									
<= 5	4719	290	15	0	4.9	12.0	12.0	7.0	1.8
6 - 10	2493	838	161	6	8.2	12.0	12.0	6.4	2.5
11 - 14	2057	946	196	15	12.6	12.0	12.0	7.0	2.8
15 - 17	2290	1145	127	5	15.6	12.0	12.0	5.8	2.7
Race									
White	8360	2369	387	25	11.5	12.0	12.0	6.7	2.7
Black/African American	2546	660	90	1	12.6	12.0	12.0	5.4	2.5
American Indian/Alaska Native	22	8	0	0					
Asian	5	2	1	0	11.0	12.0	12.0		1.8
Multi Racial	554	148	20	0	12.1	12.0	12.0	5.8	2.4
Native Hawaiian/Oth Pacific Isl.	13	5	0	0					
Unable to Determine	59	27	1	0	12.0	12.0	12.0	7.0	3.5

*This number was obtained by selecting all Brian A children in DCS custody on January 1, 2013 and adding all Brian A admissions to DCS from January 1 – December 31, 2013

Table 5 Medication Listing

Medication Class	Medication Name	Medication Listed on TennCare File
Anti-Hypertensives		
Anti-Hypertensives	CLONIDINE	
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1 PATCH
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 2
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL ER
Anti-Hypertensives	CLONIDINE	KAPVAY
Anti-Hypertensives	CLONIDINE	KAPVAY ER
Anti-Hypertensives	GUANFACINE	
Anti-Hypertensives	GUANFACINE	GUANFACINE
Anti-Hypertensives	GUANFACINE	GUANFACINE HCL
Anti-Hypertensives	GUANFACINE	INTUNIV
Anti-Hypertensives	GUANFACINE	INTUNIV ER
Antidepressants		
Antidepressants	AMITRIPTYLINE HCL	
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL
Antidepressants	CELEXA	
Antidepressants	CELEXA	CITALOPRAM HBR
Antidepressants	CLOMIPRAMINE	
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL
Antidepressants	CYMBALTA	
Antidepressants	CYMBALTA	CYMBALTA
Antidepressants	DOXEPIN	
Antidepressants	DOXEPIN	DOXEPIN
Antidepressants	DOXEPIN	DOXEPIN HCL
Antidepressants	EFFEXOR	
Antidepressants	EFFEXOR	VENLAFAXINE HCL
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER
Antidepressants	FLUOXETINE	
Antidepressants	FLUOXETINE	FLUOXETINE
Antidepressants	FLUOXETINE	FLUOXETINE HCL
Antidepressants	FLUVOXAMINE	
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE
Antidepressants	IMIPRAMINE	
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL
Antidepressants	LEXAPRO	
Antidepressants	LEXAPRO	ESCITALOPRAM
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE
Antidepressants	LEXAPRO	LEXAPRO
Antidepressants	MIRTAZAPINE	
Antidepressants	MIRTAZAPINE	MIRTAZAPINE
Antidepressants	NORTRIPTYLINE	
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL

Medication Class	Medication Name	Medication Listed on TennCare File
Antidepressants	PAXIL	
Antidepressants	PAXIL	PAROXETINE HCL
Antidepressants	PRISTIQ ER	
Antidepressants	PRISTIQ ER	PRISTIQ ER
Antidepressants	TRAZODONE	
Antidepressants	TRAZODONE	TRAZODONE
Antidepressants	TRAZODONE	TRAZODONE HCL
Antidepressants	WELLBUTRIN	
Antidepressants	WELLBUTRIN	BUDEPRION SR
Antidepressants	WELLBUTRIN	BUDEPRION XL
Antidepressants	WELLBUTRIN	BUPROPION HCL
Antidepressants	WELLBUTRIN	BUPROPION HCL SR
Antidepressants	WELLBUTRIN	BUPROPION HCL XL
Antidepressants	WELLBUTRIN	BUPROPION SR
Antidepressants	WELLBUTRIN	BUPROPION XL
Antidepressants	ZOLOFT	
Antidepressants	ZOLOFT	SERTRALINE
Antidepressants	ZOLOFT	SERTRALINE HCL
Antihistamines		
Antihistamines	HYDROXYZINE	
Antihistamines	HYDROXYZINE	HYDROXYZINE
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL
Antihistamines	HYDROXYZINE	HYDROXYZINE PAM
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE
Antipsychotics		
Antipsychotics	ABILIFY	
Antipsychotics	ABILIFY	ABILIFY
Antipsychotics	CLOZAPINE	
Antipsychotics	CLOZAPINE	CLOZAPINE
Antipsychotics	FANAPT	
Antipsychotics	FANAPT	FANAPT
Antipsychotics	GEODON	
Antipsychotics	GEODON	ZIPRASIDONE HCL
Antipsychotics	INVEGA	
Antipsychotics	INVEGA	INVEGA
Antipsychotics	INVEGA	INVEGA ER
Antipsychotics	INVEGA	INVEGA SUSTENNA
Antipsychotics	LATUDA	
Antipsychotics	LATUDA	LATUDA
Antipsychotics	LOXAPINE	
Antipsychotics	LOXAPINE	LOXAPINE
Antipsychotics	OLANZAPINE	
Antipsychotics	OLANZAPINE	OLANZAPINE
Antipsychotics	OLANZAPINE	OLANZAPINE ODT
Antipsychotics	PERPHENAZINE	

Medication Class	Medication Name	Medication Listed on TennCare File
Antipsychotics	PERPHENAZINE	PERPHEN-AMITRIP
Antipsychotics	RISPERDAL	
Antipsychotics	RISPERDAL	RISPERDAL CONSTA
Antipsychotics	RISPERDAL	RISPERIDONE
Antipsychotics	RISPERDAL	RISPERIDONE ODT
Antipsychotics	SAPHRIS	
Antipsychotics	SAPHRIS	SAPHRIS
Antipsychotics	SEROQUEL	
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE
Antipsychotics	SEROQUEL	SEROQUEL
Antipsychotics	SEROQUEL	SEROQUEL XR
Miscellaneous		
Miscellaneous	CHANTIX	
Miscellaneous	CHANTIX	CHANTIX
Miscellaneous	MELATONIN	
Miscellaneous	MELATONIN	MELATONIN
Miscellaneous	NICOTINE	
Miscellaneous	NICOTINE	NICOTINE
Miscellaneous	NICOTINE GUM	
Miscellaneous	NICOTINE GUM	NICORELIEF
Miscellaneous	NICOTINE GUM	NICOTINE GUM
Miscellaneous	NICOTINE GUM	RA NICOTINE
Miscellaneous	NICOTINE PATCH	
Miscellaneous	NICOTINE PATCH	CVS NICOTINE
Miscellaneous	NICOTINE PATCH	HM NICOTINE
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH
Miscellaneous	STRATTERA	
Miscellaneous	STRATTERA	STRATTERA
Mood Stabilizers		
Mood Stabilizers	CARBAMAZEPINE	
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE ER
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR
Mood Stabilizers	CARBAMAZEPINE	CARBATROL ER
Mood Stabilizers	DEPAKOTE	
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD DR
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD ER
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER
Mood Stabilizers	DEPAKOTE	VALPROIC ACID
Mood Stabilizers	LAMOTRIGINE	
Mood Stabilizers	LAMOTRIGINE	LAMICTAL
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE
Mood Stabilizers	LITHIUM CARBONATE	
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM

Medication Class	Medication Name	Medication Listed on TennCare File
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE ER
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM ER
Mood Stabilizers	TOPAMAX	
Mood Stabilizers	TOPAMAX	TOPIRAMATE
Mood Stabilizers	TRILEPTAL	
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE
Mood Stabilizers	TRILEPTAL	OXTELLAR XR
Mood Stabilizers	TRILEPTAL	TRILEPTAL
Sedative-Hypnotics		
Sedative-Hypnotics	CLONAZEPAM	
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM
Stimulants		
Stimulants	ADDERALL	
Stimulants	ADDERALL	ADDERALL XR
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO
Stimulants	ADDERALL	AMPHETAMINE SALTS
Stimulants	DEXEDRINE	
Stimulants	DEXEDRINE	D-AMPHETAMINE ER
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE
Stimulants	DEXEDRINE	PROCENTRA
Stimulants	DEXMETHYLPHENIDATE	
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL
Stimulants	DEXMETHYLPHENIDATE	FOCALIN
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR
Stimulants	METHYLPHENIDATE	
Stimulants	METHYLPHENIDATE	CONCERTA ER
Stimulants	METHYLPHENIDATE	DAYTRANA
Stimulants	METHYLPHENIDATE	METADATE CD
Stimulants	METHYLPHENIDATE	METHYLIN
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR
Stimulants	METHYLPHENIDATE	QUILLIVANT XR
Stimulants	METHYLPHENIDATE	RITALIN LA
Stimulants	PROVIGIL	
Stimulants	PROVIGIL	MODAFINIL
Stimulants	PROVIGIL	PROVIGIL
Stimulants	VYVANSE	

Table 6

**Total Number of Unique Medications Prescribed - Statewide
January - December 2013**

Medication Class	Medication Name	Medication Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	740
Anti-Hypertensives	CLONIDINE	KAPVAY	21
Anti-Hypertensives	CLONIDINE	KAPVAY ER	12
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1 PATCH	2
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL ER	1
Anti-Hypertensives	GUANFACINE	GUANFACINE HCL	303
Anti-Hypertensives	GUANFACINE	GUANFACINE	251
Anti-Hypertensives	GUANFACINE	INTUNIV	173
Anti-Hypertensives	GUANFACINE	INTUNIV ER	108
Antidepressants			
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	33
Antidepressants	CELEXA	CITALOPRAM HBR	405
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE	4
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	4
Antidepressants	CYMBALTA	CYMBALTA	3
Antidepressants	DOXEPIN	DOXEPIN	14
Antidepressants	DOXEPIN	DOXEPIN HCL	4
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER	19
Antidepressants	EFFEXOR	VENLAFAXINE HCL	2
Antidepressants	FLUOXETINE	FLUOXETINE HCL	385
Antidepressants	FLUOXETINE	FLUOXETINE	6
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	26
Antidepressants	FLUVOXAMINE	LUVOX CR	2
Antidepressants	FLUVOXAMINE	FLUVOXAMINE ER	1
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	54
Antidepressants	LEXAPRO	ESCITALOPRAM	17
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE	11
Antidepressants	LEXAPRO	LEXAPRO	1
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	315
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	10
Antidepressants	PAXIL	PAROXETINE HCL	55
Antidepressants	PRISTIQ ER	PRISTIQ ER	1
Antidepressants	TRAZODONE	TRAZODONE HCL	371
Antidepressants	TRAZODONE	TRAZODONE	319
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	68
Antidepressants	WELLBUTRIN	BUPROPION HCL XL	59
Antidepressants	WELLBUTRIN	BUPROPION XL	55
Antidepressants	WELLBUTRIN	BUPROPION SR	30
Antidepressants	WELLBUTRIN	BUPROPION HCL	21
Antidepressants	WELLBUTRIN	BUDEPRION XL	11
Antidepressants	WELLBUTRIN	BUDEPRION SR	1
Medication	Medication Name	Medication Listed on TennCare	Total

Class		File	
Antidepressants	ZOLOFT	SERTRALINE HCL	501
Antidepressants	ZOLOFT	SERTRALINE	3
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	424
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	113
Antihistamines	HYDROXYZINE	HYDROXYZINE PAM	103
Antihistamines	HYDROXYZINE	HYDROXYZINE	75
Antipsychotics			
Antipsychotics	ABILIFY	ABILIFY	664
Antipsychotics	CLOZAPINE	CLOZAPINE	2
Antipsychotics	FANAPT	FANAPT	8
Antipsychotics	GEODON	ZIPRASIDONE HCL	92
Antipsychotics	INVEGA	INVEGA	18
Antipsychotics	INVEGA	INVEGA ER	9
Antipsychotics	INVEGA	INVEGA SUSTENNA	1
Antipsychotics	LATUDA	LATUDA	16
Antipsychotics	LOXAPINE	LOXAPINE	3
Antipsychotics	OLANZAPINE	OLANZAPINE	82
Antipsychotics	OLANZAPINE	OLANZAPINE ODT	2
Antipsychotics	PERPHENAZINE	PERPHEN-AMITRIP	2
Antipsychotics	RISPERDAL	RISPERIDONE	679
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	4
Antipsychotics	RISPERDAL	RISPERIDONE ODT	1
Antipsychotics	SAPHRIS	SAPHRIS	23
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE	427
Antipsychotics	SEROQUEL	SEROQUEL XR	76
Antipsychotics	SEROQUEL	SEROQUEL	1
Miscellaneous			
Miscellaneous	CHANTIX	CHANTIX	3
Miscellaneous	EQ NICOTINE	EQ NICOTINE	1
Miscellaneous	MELATONIN	MELATONIN	3
Miscellaneous	NICOTINE	NICOTINE	19
Miscellaneous	NICOTINE GUM	NICORELIEF	2
Miscellaneous	NICOTINE GUM	RA NICOTINE	2
Miscellaneous	NICOTINE GUM	NICOTINE GUM	1
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH	7
Miscellaneous	NICOTINE PATCH	HM NICOTINE	2
Miscellaneous	NICOTINE PATCH	CVS NICOTINE	1
Miscellaneous	NICOTINE PATCH	CVS NTS	1
Miscellaneous	STRATTERA	STRATTERA	253
Mood Stabilizers			
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	13
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR	6
Mood Stabilizers	CARBAMAZEPINE	CARBATROL ER	1
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	129
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD ER	74
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	69
Medication	Medication Name	Medication Listed on TennCare	Total

Class		File	
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD DR	47
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	13
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	346
Mood Stabilizers	LAMOTRIGINE	LAMICTAL	1
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	1
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	105
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM ER	20
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE ER	11
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM	1
Mood Stabilizers	TOPAMAX	TOPIRAMATE	83
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	273
Mood Stabilizers	TRILEPTAL	TRILEPTAL	3
Mood Stabilizers	TRILEPTAL	OXTELLAR XR	1
Sedative-Hypnotics			
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	21
Stimulants			
Stimulants	ADDERALL	ADDERALL XR	405
Stimulants	ADDERALL	AMPHETAMINE SALTS	71
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	57
Stimulants	DEXEDRINE	PROCENTRA	20
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	2
Stimulants	DEXEDRINE	D-AMPHETAMINE ER	1
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE-AMPHETAMINE	1
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	231
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	16
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE	9
Stimulants	DEXMETHYLPHENIDATE	FOCALIN	5
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER	487
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	52
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE	40
Stimulants	METHYLPHENIDATE	RITALIN LA	15
Stimulants	METHYLPHENIDATE	DAYTRANA	13
Stimulants	METHYLPHENIDATE	QUILLIVANT XR	10
Stimulants	METHYLPHENIDATE	METADATE CD	2
Stimulants	METHYLPHENIDATE	METHYLIN	2
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR	2
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE LA	1
Stimulants	PROVIGIL	MODAFINIL	3
Stimulants	VYVANSE	VYVANSE	797

Table7

**Total Number of Unique Medications Prescribed - Brian A
January - December 2013**

Medication Class	Medication Name	Medication Listed on TennCare File	Total
Anti-Hypertensives			
Anti-Hypertensives	CLONIDINE	CLONIDINE HCL	603
Anti-Hypertensives	CLONIDINE	KAPVAY	17
Anti-Hypertensives	CLONIDINE	KAPVAY ER	11
Anti-Hypertensives	CLONIDINE	CATAPRES-TTS 1 PATCH	2
Anti-Hypertensives	GUANFACINE	GUANFACINE HCL	246
Anti-Hypertensives	GUANFACINE	GUANFACINE	196
Anti-Hypertensives	GUANFACINE	INTUNIV	135
Anti-Hypertensives	GUANFACINE	INTUNIV ER	92
Antidepressants			
Antidepressants	AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	18
Antidepressants	CELEXA	CITALOPRAM HBR	256
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE	4
Antidepressants	CLOMIPRAMINE	CLOMIPRAMINE HCL	4
Antidepressants	CYMBALTA	CYMBALTA	1
Antidepressants	DOXEPIN	DOXEPIN	7
Antidepressants	DOXEPIN	DOXEPIN HCL	1
Antidepressants	EFFEXOR	VENLAFAXINE HCL ER	12
Antidepressants	EFFEXOR	VENLAFAXINE HCL	2
Antidepressants	FLUOXETINE	FLUOXETINE HCL	306
Antidepressants	FLUOXETINE	FLUOXETINE	5
Antidepressants	FLUVOXAMINE	FLUVOXAMINE MALEATE	20
Antidepressants	FLUVOXAMINE	LUVOX CR	2
Antidepressants	FLUVOXAMINE	FLUVOXAMINE ER	1
Antidepressants	IMIPRAMINE	IMIPRAMINE HCL	49
Antidepressants	LEXAPRO	ESCITALOPRAM	11
Antidepressants	LEXAPRO	ESCITALOPRAM OXALATE	7
Antidepressants	LEXAPRO	LEXAPRO	1
Antidepressants	MIRTAZAPINE	MIRTAZAPINE	179
Antidepressants	NORTRIPTYLINE	NORTRIPTYLINE HCL	4
Antidepressants	PAXIL	PAROXETINE HCL	36
Antidepressants	PRISTIQ ER	PRISTIQ ER	1
Antidepressants	TRAZODONE	TRAZODONE HCL	221
Antidepressants	TRAZODONE	TRAZODONE	193
Antidepressants	WELLBUTRIN	BUPROPION HCL XL	37
Antidepressants	WELLBUTRIN	BUPROPION XL	35
Antidepressants	WELLBUTRIN	BUPROPION HCL SR	32
Antidepressants	WELLBUTRIN	BUPROPION SR	19
Antidepressants	WELLBUTRIN	BUPROPION HCL	13
Antidepressants	WELLBUTRIN	BUDEPRION XL	10

Medication Class	Medication Name	Medication Listed on TennCare File	Total
Antidepressants	WELLBUTRIN	BUDEPRION SR	1
Antidepressants	ZOLOFT	SERTRALINE HCL	351
Antidepressants	ZOLOFT	SERTRALINE	3
Antihistamines			
Antihistamines	HYDROXYZINE	HYDROXYZINE HCL	339
Antihistamines	HYDROXYZINE	HYDROXYZINE	75
Antihistamines	HYDROXYZINE	HYDROXYZINE PAMOATE	73
Antihistamines	HYDROXYZINE	HYDROXYZINE PAM	64
Antipsychotics			
Antipsychotics	ABILIFY	ABILIFY	505
Antipsychotics	CLOZAPINE	CLOZAPINE	1
Antipsychotics	FANAPT	FANAPT	3
Antipsychotics	GEODON	ZIPRASIDONE HCL	66
Antipsychotics	INVEGA	INVEGA	12
Antipsychotics	INVEGA	INVEGA ER	7
Antipsychotics	LATUDA	LATUDA	8
Antipsychotics	LOXAPINE	LOXAPINE	3
Antipsychotics	OLANZAPINE	OLANZAPINE	49
Antipsychotics	OLANZAPINE	OLANZAPINE ODT	2
Antipsychotics	PERPHENAZINE	PERPHEN-AMITRIP	2
Antipsychotics	RISPERDAL	RISPERIDONE	547
Antipsychotics	RISPERDAL	RISPERDAL CONSTA	1
Antipsychotics	RISPERDAL	RISPERIDONE ODT	1
Antipsychotics	SAPHRIS	SAPHRIS	12
Antipsychotics	SEROQUEL	QUETIAPINE FUMARATE	255
Antipsychotics	SEROQUEL	SEROQUEL XR	54
Antipsychotics	SEROQUEL	SEROQUEL	1
Miscellaneous			
Miscellaneous	CHANTIX	CHANTIX	2
Miscellaneous	EQ NICOTINE	EQ NICOTINE	1
Miscellaneous	MELATONIN	MELATONIN	3
Miscellaneous	NICOTINE	NICOTINE	11
Miscellaneous	NICOTINE GUM	NICORELIEF	2
Miscellaneous	NICOTINE GUM	RA NICOTINE	2
Miscellaneous	NICOTINE GUM	NICOTINE GUM	1
Miscellaneous	NICOTINE PATCH	NICOTINE PATCH	3
Miscellaneous	NICOTINE PATCH	HM NICOTINE	2
Miscellaneous	NICOTINE PATCH	CVS NICOTINE	1
Miscellaneous	NICOTINE PATCH	CVS NTS	1
Miscellaneous	STRATTERA	STRATTERA	169
Mood Stabilizers			
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE	7
Mood Stabilizers	CARBAMAZEPINE	CARBAMAZEPINE XR	1

Medication Class	Medication Name	Medication Listed on TennCare File	Total
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM ER	103
Mood Stabilizers	DEPAKOTE	DIVALPROEX SODIUM	54
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD ER	52
Mood Stabilizers	DEPAKOTE	DIVALPROEX SOD DR	25
Mood Stabilizers	DEPAKOTE	VALPROIC ACID	9
Mood Stabilizers	LAMOTRIGINE	LAMOTRIGINE	261
Mood Stabilizers	LAMOTRIGINE	LAMICTAL	1
Mood Stabilizers	LAMOTRIGINE	LAMICTAL XR	1
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE	72
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM ER	14
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM CARBONATE ER	6
Mood Stabilizers	LITHIUM CARBONATE	LITHIUM	1
Mood Stabilizers	TOPAMAX	TOPIRAMATE	61
Mood Stabilizers	TRILEPTAL	OXCARBAZEPINE	217
Mood Stabilizers	TRILEPTAL	TRILEPTAL	3
Mood Stabilizers	TRILEPTAL	OXTELLAR XR	1
Sedative-Hypnotics			
Sedative-Hypnotics	CLONAZEPAM	CLONAZEPAM	18
Stimulants			
Stimulants	ADDERALL	ADDERALL XR	308
Stimulants	ADDERALL	AMPHETAMINE SALTS	58
Stimulants	ADDERALL	AMPHETAMINE SALT COMBO	51
Stimulants	DEXEDRINE	PROCENTRA	20
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE SULFATE	2
Stimulants	DEXEDRINE	D-AMPHETAMINE ER	1
Stimulants	DEXEDRINE	DEXTROAMPHETAMINE-AMPHETAMINE	1
Stimulants	DEXMETHYLPHENIDATE	FOCALIN XR	203
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE HCL	14
Stimulants	DEXMETHYLPHENIDATE	DEXMETHYLPHENIDATE	9
Stimulants	DEXMETHYLPHENIDATE	FOCALIN	5
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE ER	411
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE HCL	46
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE	38
Stimulants	METHYLPHENIDATE	DAYTRANA	13
Stimulants	METHYLPHENIDATE	RITALIN LA	10
Stimulants	METHYLPHENIDATE	QUILLIVANT XR	9
Stimulants	METHYLPHENIDATE	METHYLIN	2
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE SR	2
Stimulants	METHYLPHENIDATE	METADATE CD	1
Stimulants	METHYLPHENIDATE	METHYLPHENIDATE LA	1
Stimulants	PROVIGIL	MODAFINIL	2
Stimulants	VYVANSE	VYVANSE	608

APPENDIX I

Transitional Survey

Transitional Survey

Education

1. Has the youth already received a diploma (regular or special education diploma)?
2. Has the youth already obtained a GED?
3. Is the youth currently enrolled in a post-secondary program (college, technical school, vocational program)?
4. Is the youth currently enrolled in high school?
5. Is the youth currently enrolled in a GED program?
6. Is the youth currently enrolled in a job training program (Job Corps, Vocational Rehabilitation)?

Employment

7. Is the youth currently employed full-time (30 or more hours per week)?
8. Is the youth currently employed part-time (less than 30 hours per week)?

General

9. Is the youth currently enlisted in the military?
10. Does the youth have a list of adult relatives and other supportive adults?
11. Is the youth parenting? If Yes, then answer each of the following questions.
 - Did youth receive health and risk prevention education?
 - Has the youth received parenting classes or instruction?
 - Does the youth have custody of her/his child? If Yes, answer the following question
 - Does the youth provide financial support for their child (ren)?
 - Is the youth going to be relying on Families First assistance?
 - If the department does not have custody, has the youth's child (ren) been adopted?
 - Has the child (ren) been placed with the youth?

- If the department does have custody, does the youth's child (ren) have a permanency goal?
- Is the youth married? If Yes, answer the following question
 - Has the youth received Family Support/Healthy Marriage Education

12. Did the youth accept any service of "Youth Villages Transitional Living", "Adult supported housing through DIDD", "Adult Mental Health Supported Housing through TennCare" and "Adult mental health case management from Community Mental Health Center" ? If Yes, then answer each of the following question

- Did youth accept "Youth Villages Transitional Living" service?
- Did youth accept "Adult Supported Housing Through DIDD" service?
- Did youth accept "Adult Mental Health Supported Housing Through TennCare" service?
- Did youth accept "Adult Mental Health Case Management From Community Mental Health Center" service?

13. Where will the youth live as an adult? (Select one)

- Apartment
- Bio family
- College Dorm
- Foster Family
- other (if other, user must indicate what other is)

14. Did the youth accept Extension of Foster Care Services? (Select one)

- Youth accepted EFCS to complete secondary educational program
- Youth accepted EFCS to complete post-secondary educational program
- Youth accepted EFCS to complete post-secondary vocational training program
- Youth accepted EFCS under the “unable to work or attend school” category while transitioning to adult services.
- Youth refused EFCS and completed Refusal form (form #). Youth understands they can return for services before age 21.
- Youth refused EFCS but did not complete refusal form
- Youth was not eligible for EFCS

Medical

15. Is the youth transitioning to residential services for adults with disabilities?
16. Does the youth have an identified Advance Care Plan (Health Care Proxy)?
17. Is the youth pregnant? If answer = Yes, then answer each question below.
 - Did the youth receive health and risk prevention education?
 - Is the youth going to be relying on Families First assistance?
 - Has the youth received parenting classes or instruction? Is the youth married? (if Yes, answer the following):
 - Has the youth received Family Support/Healthy Marriage Education?
18. Has the youth been identified as having a significant disability that will affect their ability to live independently? If answer = Yes, then answer each question below.
 - Is youth intellectually disabled?
 - Is youth developmentally disabled?
 - Is youth physically disabled?
 - Is youth severely mentally ill?
19. Were steps (Protocol for Continued TennCare Eligibility for Youth Aging Out of Foster Care) taken to assure continuation of the youth's TennCare as an adult or other health insurance?
20. What is the status of the youth's SSI application? (Select one)
 - N/A: SSI application not submitted, youth is not disabled
 - Submitted, denied
 - Submitted, approved
 - Submitted, pending

Upon Discharge

21. Does the youth have his/her birth certificate?
22. Does the youth have his/her original social security card?
23. Does the youth have a state issued photo identification card?

24. Does the youth have a valid driver's license or learner's permit?
25. Does the youth have his/her TennCare card?
26. Does the youth have his/her medical records, including his/her immunization record?
27. Does the youth have his/her educational records (diploma, transcripts, etc)?
28. Does the youth have proof of foster care placement (ex: court order that placed them into custody)?
29. If the youth's parents are deceased, does the youth have the death certificate
30. Does the youth have documentation of immigration or naturalization
31. Does the youth have any religious documents or information?

APPENDIX J

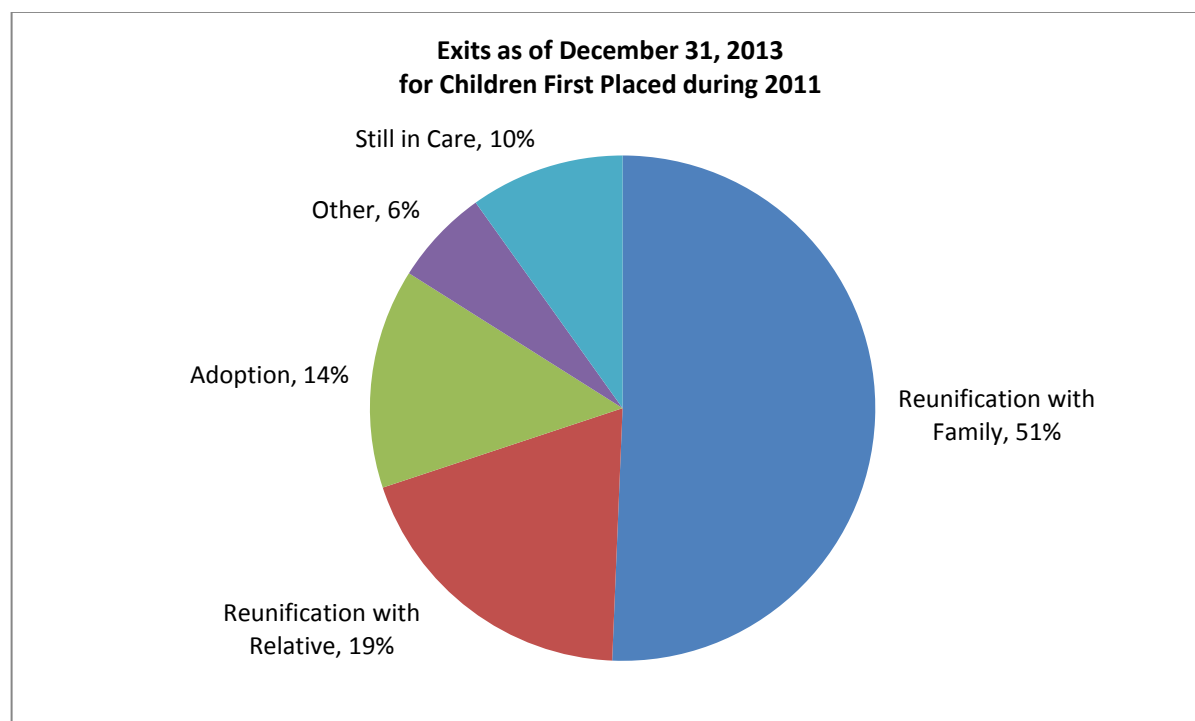
Supplemental Information on Exits to Permanency

This appendix presents additional information supplementing the data discussion in Section One D of this monitoring report regarding exits to permanency.

A. Exits for 2010 Entry Cohort by Exit Type

The Department tracks and reports on the permanency outcomes for children entering foster care during a particular year. For example, the figure below shows the percentage of children first entering out-of-home placement in 2011 who have exited to each exit type as of December 31, 2013. Children exiting to reunification represent by far the largest percentage of exits. As of December 31, 2013, 51% of the children entering care in 2011 had exited to reunification with family, 19% had exited to reunification with relatives, 14% had exited to adoption, 6% had experienced some other non-permanent exit, and 10% remained in care.¹²

This data both helps the Department understand the range and frequency of exit types generally and allows comparison of entry cohorts as one possible indicator of changes in performance related to permanency.¹³



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

¹² It is important to note that, as discussed further below, for those who remain in care, the percentage of those children exiting to adoption will likely be greater than the percentage of those who have already exited and the percentage of those exiting to reunification will likely be lower. For this reason, the ultimate “exit type” percentages for the 2011 entry cohort (calculated after the last child in that cohort exits custody) will be different than the percentages to date.

¹³ The June 2013 Monitoring Report presented these data as of December 31, 2012 for children entering out-of-home placement in 2010. By December 31, 2012, 49% of children entering in 2010 had exited to reunification with family, 22% to reunification with a relative, and 13% to adoption. Six percent experienced some other non-permanent exit, and 10% were still in out-of-home placement.

B. Interrelationship between Exit Type and Length of Stay for Children Placed 2002 to 2013

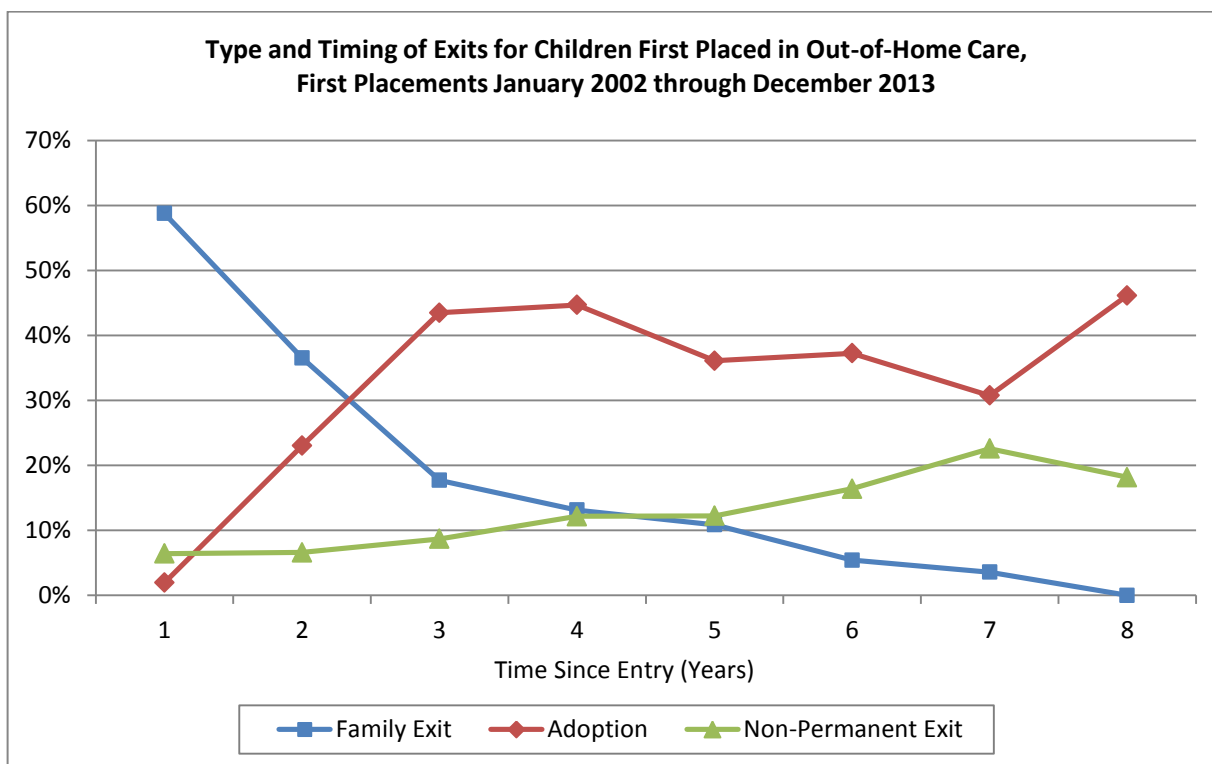
The Department tracks and reports data that reflect the interrelationship between length of stay and exit type. The figure below shows the percent of children leaving to each exit type by how long they had been in foster care. The points at interval one in the figure show exits for children who exited within one year of placement as a percent of all children placed. The points at interval two show the proportion of exits that occurred for children who spent at least one year in foster care during the next year-long interval. Similarly, the points at interval three show the proportion of exits that occurred for children who spent two years in foster care. The points at interval four show the proportion of exits that occurred for children who spent three years in foster care during the next year-long interval, and so on.

Displaying the three exit probabilities together—adoption, reunification with family or relative (permanent exits), and other exits (non-permanent exits, primarily running away or reaching majority)—helps to better understand how the likelihood of certain exits changes over time. For example, family exits (the blue line) occur more frequently among children with shorter durations in placement and taper off over time. That is, the likelihood of a family exit is highest in the first year and drops significantly in subsequent years. Adoptions (the red line), on the other hand, occur more slowly, but the probability of adoption increases over time.

The points at interval one show that the most common exit for children who spend less than a year in foster care is a “family exit”—a return to the child’s birth family or a relative. Almost 60% of children discharged in the first year follow this path. Not surprisingly, given the typical time it takes to decide that adoption is the best permanency option and the time it takes to complete the adoption process, only a small percentage of children who spend less than a year in foster care will be adopted.

Among children who spend more than one year in foster care, the figure shows that as time goes on, these children become less likely to return to a birth parent or relative and more likely to be adopted. For children whose exits occur after their third year in care, those exits are more likely to be to adoption.

The line depicting the percent of children experiencing other exits shows that the likelihood of leaving foster care in another way, generally by running away or reaching the age of majority, is less than 10% during the first three years in custody, but it increases to more than 20% by the seventh year in custody.



Source: Longitudinal analytic files developed by Chapin Hall from TFACTS data transmitted in February 2014.

APPENDIX K

Description of the Manual Caseload Tracking Process

The Manual Caseload Tracking Process

The manual caseload tracking process was implemented at the beginning of April 2012. The Executive Director of Permanency and In-Home/Out-of-Home Services sends the template for the manual tracking process to the regions at the beginning of each month. The regions are allowed a couple of weeks to enter their caseload data as of the last day of the previous month and return the spreadsheets to Central Office. The caseload information is typically collected and entered into the spreadsheets by supervisors (team leaders or team coordinators), some of whom (but not all) ask the case managers to provide or verify his or her caseload count.¹⁴ Because it is a manual process, a certain degree of human error is expected.

Throughout 2012, the template was the TFACTS aggregate caseload report as of the end of the previous month, listing each case manager and supervisor carrying a case and containing the number of cases according to TFACTS (case types included were “Family Case,” Investigation, *Brian A. Child*, and Juvenile Justice Child). Columns were inserted into the aggregate report for the regions to enter their manual numbers (the “Family Case” column heading was changed to “Non-Custody.”

After discontinuation of that particular aggregate report, the template was changed to a blank spreadsheet with the same column headers for the manual caseload counts, but the columns for the numbers from the aggregate report were removed.

Inconsistency in counting non-custody case types contributes to the error in the manual tracking process because the total caseload count for mixed caseloads may include certain non-custody caseload types for some teams or regions that are not included in the total caseload counts for mixed caseloads in other regions. In the reports for April 2012 through January 2013, the “Non-Custody” column heading did not specify which types of non-custody cases were to be counted in that column (with the exception of CPS investigations and assessments, for which there was a specific column), and some regions included types of non-custody cases that others did not. Beginning with the report for February 2013, multiple columns were added for several non-custody case types: Interstate Compact on Placement of Children (ICPC), Family Support Services (FSS), Family Crisis Intervention Program (FCIP), Interstate Compact on Juveniles (ICJ), Juvenile Justice Aftercare, Juvenile Justice Probation, and Juvenile Justice Pre-trial Diversion. However, there are still several non-custody case types that, without a specific column for entry, may be counted inconsistently despite instruction from Central Office that other case types should be noted in the “Comments” column if the region thinks the information is relevant for understanding workloads. Among the other case types captured by some regions in the “notes” column are: Post-Custody, Extension of Foster Care, Court-Ordered Home Studies, Non-Custody Assessment, Order of Reference, Resource Linkage, and Resource Parent Support caseloads.

¹⁴ As part of a TAC survey of case managers about caseloads (discussed in Section Five and in Appendix T of the June 2013 Monitoring Report), TAC monitoring staff asked the case managers interviewed about how the manual caseload tracking process worked within their regions. This statement is a summary of the information collected from case managers in response to those questions.

APPENDIX L

***In Home Tennessee* Regional Priorities and Goals as of May 2014**

Region	First Stakeholder Mtg	Current Priorities	Goals	Completed IHT trainings? Phase?
Davidson	September 2010	Absent Parent Involvement	1. increase physical participation of absent fathers in Child and Family Team Meetings, 2. increase collaboration between DCS and the Davidson jail/prison system in order to increase participation of absent fathers in children's lives, 3. educate DCS and provider staff about the rights of birth fathers and the benefits of their participation in children's lives	yes - in Sustainability phase
		Parenting Education	1. use ongoing Data Collection of cases referred to Davidson County DCS and of custody removal cases, 2. create Better Outreach in the community, 3. improve Individualization of Services 5. include Parent Leaders to Consult on Parent Education Coalition Goals	
		Domestic Violence	This priority was added in May 2014, and the workgroup hasn't been formed yet. Tentative goals from the Implementation team include: 1. create a collaborative group of domestic violence service providers in order to gain knowledge of services, ensure appropriate referrals, and increase collaboration with providers and DCS, 2. form a domestic violence expert panel that meets monthly to review and provide advice on cases to FSWs	
East Tennessee	April 2012	CAB participation	Enhancement and Enrichment of CABs by Increasing Average Participation and Membership by 5%.	yes - in sustainability phase
		A/D services	Decrease the Number of Children Entering Custody in the East Region Due to Alcohol and Drug Issues by 5%.	
Knox	January 2012	A/D services	1. coordinate knowledge of community A & D resources for professionals, 2. coordinate knowledge of Community A & D resources for consumers, 3. DCS Matching Diverse Community Services to Meet Community Needs, 4. decrease barriers for families accessing A& D services	yes - in Sustainability phase
		Community Collaboration	1. increase collaboration with East Tennessee Children's Hospital, 2. continuing to hold and support membership in the Integrated Community Action Meeting (ICAM) for the purpose of increasing collaboration/coordination with community members	
		Intensive Family Preservation	This is a new goal as of May 2014. Goal creation is in progress. Tentative goals include increasing awareness of DCS' role, build a trusting relationship with the community, and having effective knowledge of legal parameters of DCS capacity for interventions.	

Region	First Stakeholder Mtg	Current Priorities	Goals	Completed IHT trainings? Phase?
Mid Cumberland	August 2013	Intensive Family Preservation	Goal creation is in progress. Tentative goals from the Implementation Team include: 1. creating and distributing a list of current service providers, 2. holding a "Meet & Greet" for service providers and DCS staff to network and become knowledgeable of services	No - in Implementation
		A/D services	1. expand knowledge of resources in MC among service providers, 2. increase communication and ongoing feedback between providers and DCS from case progress to discharge	
Northeast	March 2013	Cultural Competency	develop cultural competency training for DCS and community partners	No - in Implementation
		A/D services	1. develop a Neonatal Abstinence Syndrome video for caregivers and service professionals, 2. pursue TennCare approvals for stimulation/soothing seats for NAS diagnosed babies	
		Knowledge of Services	sustain and distribute the newly created regional directory of community services	
		IHT training	all staff will have an understanding of IHT in the region	
Northwest	September 2012	Child & Family Team	Improve the quality of the CFTM process for effective positive outcomes	No - in Implementation
		Crisis Stabilization Services	Improve crisis stabilization within the region by increasing communication with outside agencies providing the service, boost response times, and sharpen follow-up.	
		Increase School Relations	Increase knowledge and improvement with schools	
Shelby	March 2013	Intensive Family Preservation	1. create, administer, review, and share feedback from a survey to service recipients regarding the quality and overall satisfaction with the service, 2. use the information from the survey results to inform any needed practice changes and service revisions, 3. develop and distribute a resource list with a general overview page of all agencies providing this service	No - in Implementation

Region	First Stakeholder Mtg	Current Priorities	Goals	Completed IHT trainings? Phase?
		Mental Health Assessments	1. increase workers' knowledge on how to assess families and make appropriate recommendations for referrals for services, 2. administer and collect responses from a survey for previous/current providers who partner with DCS to seek an understanding of strengths/needs of working with DCS, 3. use the information for quality improvement, 4. increase collaboration with Memphis City schools and the juvenile court, 5. address the barrier to serving children and families who are w/o insurance	
		Domestic Violence Services	1. locate or create, and begin using, a domestic violence assessment tool with families, 2. minimize duplicative contact with families resulting from the same referral	
Smoky Mountain	June 2013	Family Visitation Services	visitation services available and accessible for all parents/caretakers in the region that will model/teach necessary skills to provide and preserve a safe nurturing family for life	No - in Implementation
		Communication with Partners	establish open, professional and frequent communication techniques and procedural collaboration that enhance services provided to the children/families in the region	
		Mentoring with Parents	accessible mentoring services and peer support to all parents/caregivers in SM that teach/model skills necessary to provide a safe and nurturing home for life	
		IHT trainings/Coaching	ongoing regional training and coaching surrounding the IHT initiative for both regional staff and providers to ensure understanding and direction of initiative components	
South Central	January 2012	Family Visitation Services	identify and establish visitation sites/volunteer program and guidelines for supervised visitation/volunteer program with effective outcomes for children and families	Yes - in Sustainability
		A/D services	identify A/D services available in the region and to collaborate with existing partners to better serve our children and families with A/D needs	
		Communication with Partners	establish professional, frequent, and open communication techniques that enhance services provided to the children and families in the region	

Region	First Stakeholder Mtg	Current Priorities	Goals	Completed IHT trainings? Phase?
Southwest	June 2013	Communication with Partners	1. deliver training to frontline staff and community partners to enhance their knowledge of IHT, 2. improve the communication with providers and other community partners	No - in Implementation
		Crisis Intervention Services & Mental Health Assessments	improve service delivery to children and families in TN through crisis stabilization/assessment	
TN Valley	October 2012	A/D services	1. establish a diverse membership team of an equal balance DCS/providers/stakeholders, 2. develop a current and validated resource list for each county in the region and keep it maintained to be current	Yes - in Sustainability
		Absent Parent Involvement	identify and develop initiatives to locate, engage, and require absent parent participation	
		Communication with Partners	1. improve communication between DCS and agency staff, 2. improve service delivery to children and families	
Upper Cumberland	October 2010	A/D services	1. identify and develop alcohol and drug treatment options, 2. identify and develop alcohol and drug training for staff and community partners	Yes - in Sustainability
		Coaching	Create an ongoing coaching culture in the UC region to support supervisors, workers and families	
		Fidelity Reviews	Identify the strengths and gaps in case management and service delivery in order to improve services for children and families	

APPENDIX M

Budget Data for Community Based Services and Birth Family, Foster Care, and Adoption Support

Sum of PAYAMT		Column Labels														
Row Labels	Davidson Region	DCS Central Office	East Tennessee Region	Knox Region	Mid Cumberland Region	Northeast Region	Northwest Region	Shelby Region	Smoky Mountain Region	South Central Region	Southwest Region	TN Valley Region	Upper Cumberland Region	Grand Total		
CUSTODIALSERVICES	\$ 378,614.88		\$ 256,777.87	\$ 312,515.14	\$ 568,932.88	\$ 416,434.51	\$ 143,430.42	\$ 563,647.00	\$ 448,220.44	\$ 187,352.73	\$ 171,411.29	\$ 233,999.49	\$ 230,438.54	\$ 3,911,775.19		
Family Support Services	\$ 47,580.88		\$ 67,017.84	\$ 56,534.89	\$ 126,442.40	\$ 90,879.82	\$ 60,167.57	\$ 221,023.52	\$ 335,066.01	\$ 53,353.43	\$ 29,097.29	\$ 94,124.45	\$ 102,413.56	\$ 1,283,701.66		
Funeral Expenses			\$ 3,377.00	\$ 19,629.50		\$ 3,699.00		\$ 11,714.56	\$ 302.00	\$ 7,981.70				\$ 46,703.76		
Intensive In-Home Family Services	\$ 77,756.00		\$ 92,532.00	\$ 55,308.00	\$ 149,450.00	\$ 7,965.50	\$ 40,915.00	\$ 154,035.00	\$ 6,703.50	\$ 16,913.00	\$ 60,593.75	\$ 113,194.64	\$ 21,986.75	\$ 797,353.14		
Interpreter Services	\$ 15,902.00		\$ 1,297.50	\$ 6,960.25	\$ 440.00	\$ 842.75	\$ 470.35	\$ 34,050.75	\$ 4,088.55		\$ 321.50	\$ 172.35	\$ 12,009.67	\$ 76,555.67		
Parenting	\$ 71,370.00		\$ 8,522.03	\$ 170.00	\$ 10,335.00	\$ 143,337.50	\$ 4,000.00	\$ 40,480.00	\$ 34,115.00	\$ 25,113.75	\$ 75.00	\$ 2,400.00	\$ 14,677.50	\$ 354,595.78		
Psychological Services- Sex Offender				\$ 3,200.00	\$ 16,160.00	\$ 3,100.00			\$ 2,100.00		\$ 650.00			\$ 25,210.00		
Recreational Activities			\$ 495.00					\$ 5,291.00						\$ 5,786.00		
Sitter Services	\$ 7,200.00		\$ 26,108.50	\$ 750.00	\$ 17,934.00	\$ 10,728.69	\$ 270.00	\$ 32,133.00	\$ 14,682.88	\$ 20,682.85	\$ 3,330.00		\$ 9,784.06	\$ 143,603.98		
Therapeutic/Supervised Visitation	\$ 156,226.00		\$ 57,428.00	\$ 148,516.50	\$ 243,908.00	\$ 152,085.00	\$ 37,607.50	\$ 14,879.17	\$ 50,692.50	\$ 61,854.00	\$ 77,343.75	\$ 22,114.30	\$ 67,789.50	\$ 1,090,444.22		
Therapy/Counseling	\$ 2,580.00			\$ 21,446.00	\$ 4,263.48	\$ 3,796.25		\$ 50,040.00	\$ 470.00	\$ 1,454.00		\$ 1,993.75	\$ 1,777.50	\$ 87,820.98		
INTERDEPENDENTLIVINGSERVICES	\$ 151,997.32	\$ 16,232.00	\$ 71,478.94	\$ 71,059.64	\$ 127,032.41	\$ 115,461.42	\$ 48,582.78	\$ 157,856.74	\$ 62,994.93	\$ 60,306.19	\$ 56,146.26	\$ 89,777.88	\$ 93,086.63	\$ 1,122,013.14		
Basic Needs 18-20	\$ 205.84				\$ 305.44		\$ 411.68		\$ 4,940.16	\$ 411.68			\$ 1,912.32	\$ 8,187.12		
Educational - ETV 16-19		\$ 2,500.00	\$ 1,685.90		\$ 5,577.00	\$ 13,124.48	\$ 2,786.00	\$ 7,472.20	\$ 1,411.00	\$ 1,154.00		\$ 6,587.50	\$ 6,750.38	\$ 49,048.46		
Educational - ETV 16-22			\$ 9,423.40	\$ 2,500.00	\$ 6,141.00	\$ 10,000.00	\$ 5,000.00	\$ 5,000.00						\$ 38,064.40		
Educational - ETV 18-22										\$ 5,000.00				\$ 5,000.00		
Educational 14-19	\$ 672.99	\$ 35.00	\$ 796.09	\$ 155.83	\$ 3,115.40	\$ 3,183.84	\$ 3,337.60	\$ 2,315.00	\$ 2,181.58	\$ 1,007.00	\$ 2,054.10	\$ 1,612.40	\$ 2,783.70	\$ 23,250.53		
Educational 16-19	\$ 1,309.00		\$ 1,656.25			\$ 9,178.91						\$ 1,161.00	\$ 3,276.47	\$ 16,581.63		
Educational 16-20										\$ 350.00				\$ 350.00		
Educational 16-23	\$ 2,627.50			\$ 4,218.75		\$ 981.00								\$ 7,827.25		
Educational 18-20	\$ 470.02		\$ 100.77	\$ 87.45	\$ 882.55	\$ 787.85	\$ 849.00	\$ 2,617.90	\$ 745.49	\$ 813.69	\$ 1,161.80	\$ 606.18	\$ 805.00	\$ 9,927.70		
Educational 18-22	\$ 100,403.33	\$ 11,197.00	\$ 35,806.44	\$ 40,333.44	\$ 67,731.94	\$ 44,575.92	\$ 24,453.50	\$ 104,401.89	\$ 53,130.44	\$ 43,250.59	\$ 31,132.24	\$ 56,675.32	\$ 63,102.09	\$ 676,194.14		
Educational 18-23	\$ 44,058.64	\$ 2,500.00	\$ 20,542.59	\$ 23,264.17	\$ 39,586.61	\$ 33,579.42	\$ 10,896.00	\$ 35,234.75	\$ 3,463.03	\$ 2,235.75	\$ 21,111.44	\$ 22,262.49	\$ 10,180.73	\$ 268,915.62		
IL Housing Aid 18-20			\$ 996.00	\$ 100.00			\$ 250.00	\$ 165.00	\$ 150.00	\$ 150.00	\$ 100.00			\$ 1,911.00		
IL Transportation Aid 14-19	\$ 1,050.00				\$ 2,590.00						\$ 100.00	\$ 100.00	\$ 950.00	\$ 4,690.00		
IL Transportation Aid 18-20	\$ 1,050.00			\$ 300.00	\$ 650.00			\$ 650.00	\$ 668.39	\$ 60.00	\$ 105.00	\$ 672.99	\$ 2,328.94	\$ 6,485.32		
Other Discretionary Aid - 14-19	\$ 75.00						\$ 100.00			\$ 100.00			\$ 50.00	\$ 325.00		
Other Discretionary Aid 18-20	\$ 75.00		\$ 471.50	\$ 100.00	\$ 452.47	\$ 50.00	\$ 499.00		\$ 1,245.00	\$ 1,245.00	\$ 70.00	\$ 100.00	\$ 947.00	\$ 5,254.97		
NONCUSTODIALSERVICES	\$ 507,957.48		\$ 223,621.56	\$ 426,588.03	\$ 353,313.28	\$ 354,905.96	\$ 174,443.26	\$ 406,155.64	\$ 97,696.23	\$ 120,816.19	\$ 229,275.21	\$ 133,915.99	\$ 133,905.64	\$ 3,162,594.47		
Child Care Services							\$ 884.00							\$ 884.00		
Domestic violence counseling	\$ 21,588.00				\$ 1,008.00	\$ 15,350.00	\$ 1,925.00	\$ 1,711.25	\$ 164.00	\$ 2,470.00	\$ 9,862.50			\$ 54,078.75		
Electronic Monitoring and Surveillance			\$ 144.00							\$ 5,168.00				\$ 5,312.00		
Family First Kinship	\$ 25,662.26		\$ 3,918.70					\$ 66,852.62	\$ 5,759.70				\$ 23,403.00	\$ 125,596.28		
Family Support Services	\$ 53,365.72		\$ 41,390.31	\$ 105,323.19	\$ 121,495.03	\$ 163,998.85	\$ 49,284.51	\$ 26,304.02	\$ 47,580.03	\$ 15,878.69	\$ 44,498.96	\$ 46,458.78	\$ 28,834.00	\$ 744,412.09		
Intensive In-Home Family Services	\$ 116,704.00		\$ 161,700.00	\$ 287,358.00	\$ 202,370.00	\$ 31,591.50	\$ 107,996.00	\$ 183,673.75	\$ 26,123.00	\$ 23,634.00	\$ 133,775.00	\$ 75,848.02	\$ 36,707.25	\$ 1,387,480.52		
Interpreter Services	\$ 25,552.00		\$ 1,952.75	\$ 3,895.66	\$ 961.50	\$ 371.75	\$ 123.75	\$ 56,150.00		\$ 135.00	\$ 330.00	\$ 1,752.75	\$ 4,303.70	\$ 95,528.86		
Mentoring services	\$ 38,117.50				\$ 12,015.00			\$ 16,401.00			\$ 14,602.50			\$ 81,136.00		
Other Counseling			\$ 128.00						\$ 1,260.00					\$ 1,388.00		
Parenting	\$ 150,428.00		\$ 4,994.26	\$ 60.00	\$ 4,790.00	\$ 114,975.00	\$ 1,000.00	\$ 35,747.50	\$ 12,650.00	\$ 58,762.50	\$ 1,250.00		\$ 17,486.67	\$ 402,143.93		
Paternity testing			\$ 4,940.00		\$ 750.00			\$ 1,000.00			\$ 550.00	\$ 220.00		\$ 7,460.00		
Respite care			\$ 213.04	\$ 20,160.00		\$ 4,604.36			\$ 75.00		\$ 6,500.00	\$ 2,648.94	\$ 6,190.00	\$ 40,391.34		
Sitter Services				\$ 2,713.68	\$ 7,031.25	\$ 972.00		\$ 624.00					\$ 331.52	\$ 11,672.45		
Therapuetic/Supervised Visitation	\$ 76,300.00		\$ 4,240.50	\$ 3,481.50		\$ 21,225.00	\$ 13,230.00		\$ 2,849.50	\$ 14,768.00	\$ 17,906.25		\$ 15,789.50	\$ 169,790.25		
Therapy/Counseling	\$ 240.00			\$ 1,866.00	\$ 2,892.50	\$ 1,817.50		\$ 15,891.50	\$ 1,190.00			\$ 6,987.50	\$ 860.00	\$ 31,745.00		
Tutoring services				\$ 1,730.00				\$ 1,800.00	\$ 45.00					\$ 3,575.00		
Grand Total	\$ 1,038,569.68	\$ 16,232.00	\$ 551,878.37	\$ 810,162.81	\$ 1,049,278.57	\$ 886,801.89	\$ 366,456.46	\$ 1,127,659.38	\$ 608,911.60	\$ 368,475.11	\$ 456,832.76	\$ 457,693.36	\$ 457,430.81	\$ 8,196,382.80		

APPENDIX N

The DCS Background Check Process

BACKGROUND CHECKS FOR NEW HIRES

Background checks are completed on new employees during the hiring process pursuant to DCS Policy 4.1. Applicants recommended for new hire or transfer to a DCS position which involves contact with children must submit to a full background check after the acceptance of a conditional offer of employment but prior to the first day of work. The background check is completed by the local DCS Human Resources (HR) staff and results must be maintained in the employee's official personnel file.

Initially, local HR staff have the employee complete *CS-0668, Authorization for Release of Information to DCS* once a conditional offer of employment has been made. The following is a detailed listing of the documentation and background checks to be completed:

- a) A Criminal history check to include local criminal records check from local law enforcement records for all residences of the employee within the immediate six months preceding the application for employment. All criminal charges listed in the local criminal history check for which there is no final disposition identified in the local criminal history check must be clarified by obtaining additional official documentation from the local court with jurisdiction. *Local HR staff are responsible for completing the forms required by local law enforcement in all residence jurisdictions in which the employee has lived for the six months preceding employment with DCS. All results received must be attached to DCS Form CS-0687 and filed in the employee's official personnel file.*
- b) A TBI/FBI fingerprint check. *Local HR staff are responsible for registering employees with the current contractor to complete the electronic fingerprint process. Results are returned via DCS Internal Affairs to the local HR office. All results received must be attached to DCS Form CS-0687 and filed in the employee's official personnel file.*
- c) A driving records check to include current valid driver license and a check of moving violations records. *Each regional HR office has access to the Moving Violation System to check driving records directly through the Tennessee Department of Safety. Results are printed and must be documented on and attached to DCS Form CS-0687 and filed in the employee's official personnel file.*
- d) A DCS records check to include a check of Child Protective Services (CPS) records in the current child welfare information system and in the Social Service Management System (SSMS). This search must be completed by the appropriate designated DCS staff member on form *CS-0741 Database Search Results* to determine if there is a past CPS indication identifying the applicant as an indicated perpetrator of child abuse or neglect. *Local HR staff request a CPS records check through the DCS Office of Child Safety, who checks the Social Service Management System (SSMS) and TFACTS by completing CS-0741, and results are forwarded back to the local HR office. All results must be documented on DCS Form CS-0741. Any confidential CPS records are maintained in the Confidential Section of the employee's official personnel file.*

- e) An Internet Records Clearance, which must be documented in the employee's official personnel file. The internet records clearance involves a background check of the following:
 - i. National Sexual Offender Registry Clearance
 - ii. Department of Health Abuse Registry Clearance

All registry checks are completed by local HR staff by visiting the website and completing the required information. Results must be printed, documented on and attached to DCS Form CS-0687.

Regional HR staff must review the results of all background checks to determine if the applicant is free of any criminal activity. If results indicate a criminal offense that is appropriate for a waiver based on DCS Policy 4.1, a waiver form (CS-0921) must be completed and approved as follows:

- a) Prior misdemeanor convictions eligible for waiver under DCS Policy 4.1 require approval of the DCS Regional Administrator.
- b) Felony convictions eligible for waiver under DCS Policy 4.1 require approval of the Executive Director of Human Resources.

The approved waiver form and attached documentation must be maintained in the employee's official personnel file.

Local HR staff utilize the Requisition Checklist when working the requisition to hire a career service employee. Page 3 of 4 of the checklist references verification of driver's license and background checks. This checklist is maintained in the Requisition File as a part of the hiring process.

ANNUAL BACKGROUND CHECKS

DCS/ will conduct annual background checks on all employees in positions that involve contact with children. The following is a detailed listing of the documentation and background checks that must be completed annually with results to be maintained in the employee's personnel file:

- a) Driving records check to include validation of current driver license and a check of moving violations records. *Each regional HR office has access to the Moving Violation System to check driving records directly through the TN Department of Safety. Results are printed and must be documented on and attached to DCS Form CS-0687 and filed in the employee's official personnel file.*
- b) An Internet Records Clearance, which must be documented in the employee's official personnel file. The internet records clearance involves a background check of the following:

- i. Methamphetamine Offender Registry Clearance
- ii. TN Felony Offender Database Clearance
- iii. A national Sexual Offender Registry Clearance
- iv. Department of Health Abuse Registry Clearance

All registry checks are completed by local HR staff by visiting the website and completing the required information. Results must be printed, documented on and attached to DCS Form CS-0687.

APPENDIX O

Program Accountability Review Fiscal Year 2012-14 Performance Based Contracts Annual Report and Monitoring Guides

Program Accountability Review
Annual Report of
Performance Based Contracts (PBC)

Fiscal Year 2012-2013



The Department of Children's Services
Office of Risk Management

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I. Introduction

The following is the Fiscal Year 2012-13 annual report of activities and findings for Performance Based Contract (PBC) providers and subcontractors by the Tennessee Department of Children's Services, Office of Risk Management, Program Accountability Review (PAR) team. PBC private provider performance is monitored by PAR annually. PAR conducts on-site reviews to evaluate services provided to DCS custodial children and their families. The reviews assess adherence to the DCS contract, DCS Provider Policy, and DCS Policies. The attached report shows statewide areas of strength and weakness, which may be improved through corrected practice, additional trainings and consults from DCS staff and Community Partners.

Beginning the FY 2011-12, PAR partnered with the Vanderbilt University Center of Excellence (VU COE) to develop a collaborative monitoring and consultation process that has resulted in:

- a. Fewer on-site monitoring visits for providers
- b. Use of data driven results and recognized quality measures and
- c. Increased efficiency in use of available resources.

The focus of this partnership is to strengthen PAR monitoring and reporting methods, while emphasizing consultative and constructive interactions with Providers. Additional strengths of the partnership with the VU COE include improved methods to better organize, maintain, and report data collected, as well as the incorporation of quality CANS consistency measures, modeled from the previous VU ASQ review process.

The following data are results from PAR reports issued FY 2012-13 for each agency reviewed. PAR reports are issued and then stored for general access on the Integrated Monitoring Drive. Each area of service included in this report (Staffing and Caseloads, Scopes, Background Checks, Qualifications, etc.) is referred to as an "Indicator" of service provision, and represents a grouping of related review "Items" of service provision. Likewise, a group of related "Indicators" represents a "Domain" of service (Agency Level, Personnel, Well Being, CANS Consistency). Data or "Items" informing the graphs for each "Indicator" are results from on-site monitoring activities of agency records and documentation. Monitoring data is recorded through use of PAR monitoring guides (or tools). Monitoring data is recorded in the VU COE Research Electronic Database Capture (REDCap) software consortium; and are specific and consistent for each agency reviewed. The PAR annual report and individual agency reports include numbered references to the specific guide "Items" informing each "Indicator" and graph. The references are listed in the "Figure" description preceding each graph. PAR monitoring guides, including numbered "items", are attached as supplements to view the elements of data presented within this report.

Please note some "Indicators" of service included in individual PAR agency reports are not included in this annual report. The "Indicators" included in this report are PAR primary review "Indicators" of agency performance. Fiscal Year 2012-13 was the second year for use of the PAR-ASQ method of scoring agency performance. We hope that with the upcoming years of data collection and skills building, PAR will have developed a tool for assessing not only current need for correction and improvement, but also a means for trending both agency level and system level function for targeted areas of performance.

III. Monitoring Activities

Agency	Resource Parent Homes Reviewed	# of Children Reviewed	# of Personnel Reviewed
Provider Agency 1	NA	2	5
Provider Agency 2	3	7	12
Provider Agency 3	11	17	16
Provider Agency 4	NA	5	11
Provider Agency 5	NA	7	9
Provider Agency 6	2	5	13
Provider Agency 7	4	12	17
Provider Agency 8	5	5	4
Provider Agency 9	2	5	14
Provider Agency 10	3	7	6
Provider Agency 11	8	10	5
Provider Agency 12	7	10	10
Provider Agency 13	4	10	11
Provider Agency 14	6	8	7
Provider Agency 15	NA	14	18
Provider Agency 16	5	6	5
Provider Agency 17	3	9	15
Provider Agency 18	30	37	43
Provider Agency 19	NA	5	12
Provider Agency 20	NA	5	9
Provider Agency 21	NA	10	10
Provider Agency 22	10	8	5
Provider Agency 23	2	2	2
Provider Agency 24	NA	10	9
Provider Agency 25	13	25	25
Provider Agency 26	NA	10	5
Provider Agency 27	NA	5	7
Provider Agency 28	8	15	10
Provider Agency 29	4	5	5
Provider Agency 30	NA	5	5
TOTAL	130	281	325

IV. Results

A. Agency Level Domain

The agency level domain includes the “Staffing and Caseloads” and “Scopes” Indicators. “Staffing and Caseloads” are reviewed for compliance to specific case management level and supervision requirements. “Scopes” is an Indicator addressing contract level scopes of service requirements. Not all service types are clearly appropriate for the “Scopes” measure of scoring. Agencies without a graphed response were not scored in this Indicator. The following graphs display positive ratings for the evidence of compliance with specific standards of supervision and level specific care.

Figure 1 Staffing and Caseloads – (monitoring guide items sto1-sto5) – evidence of compliance with caseload and supervision standards statewide.

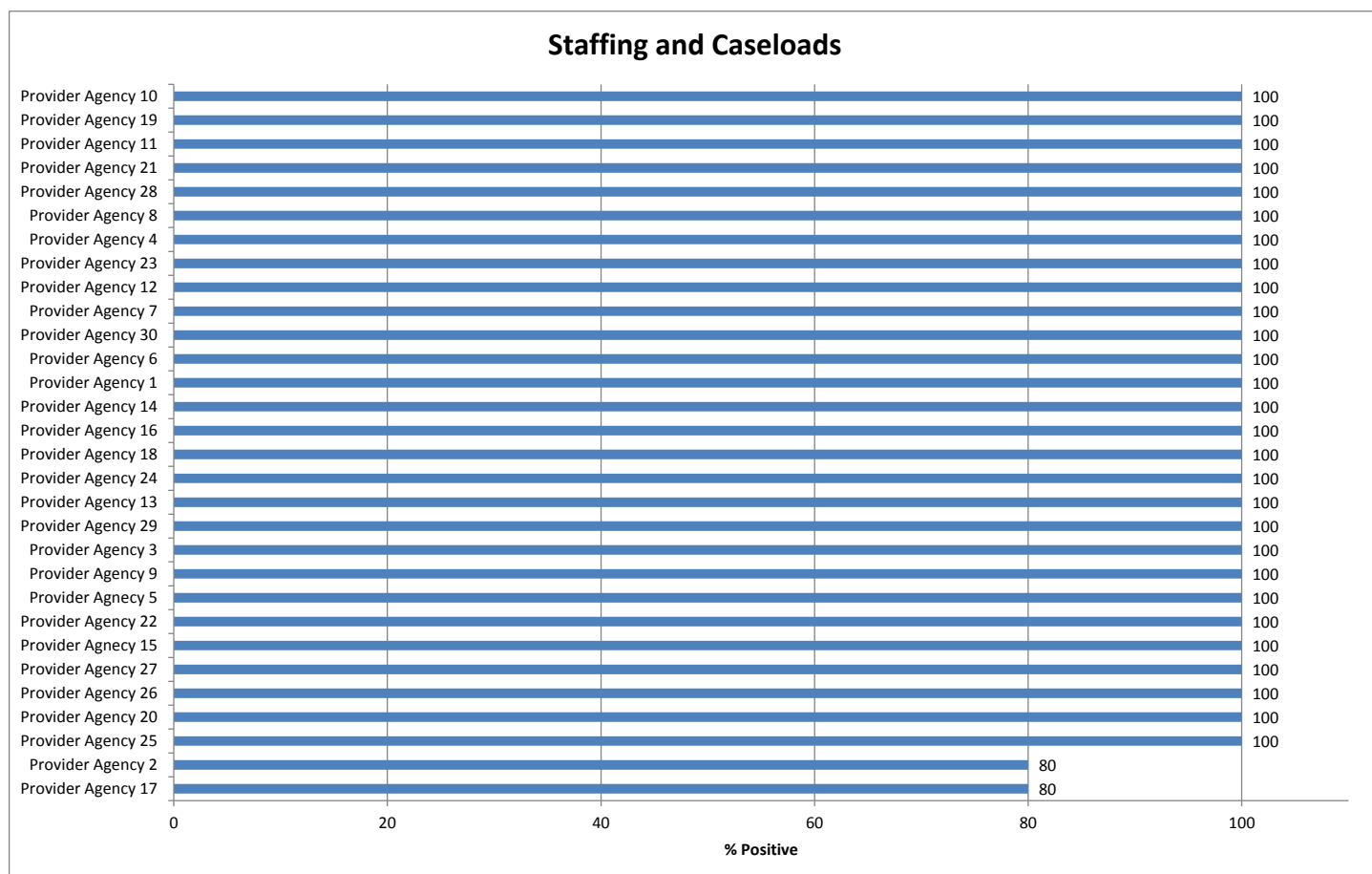
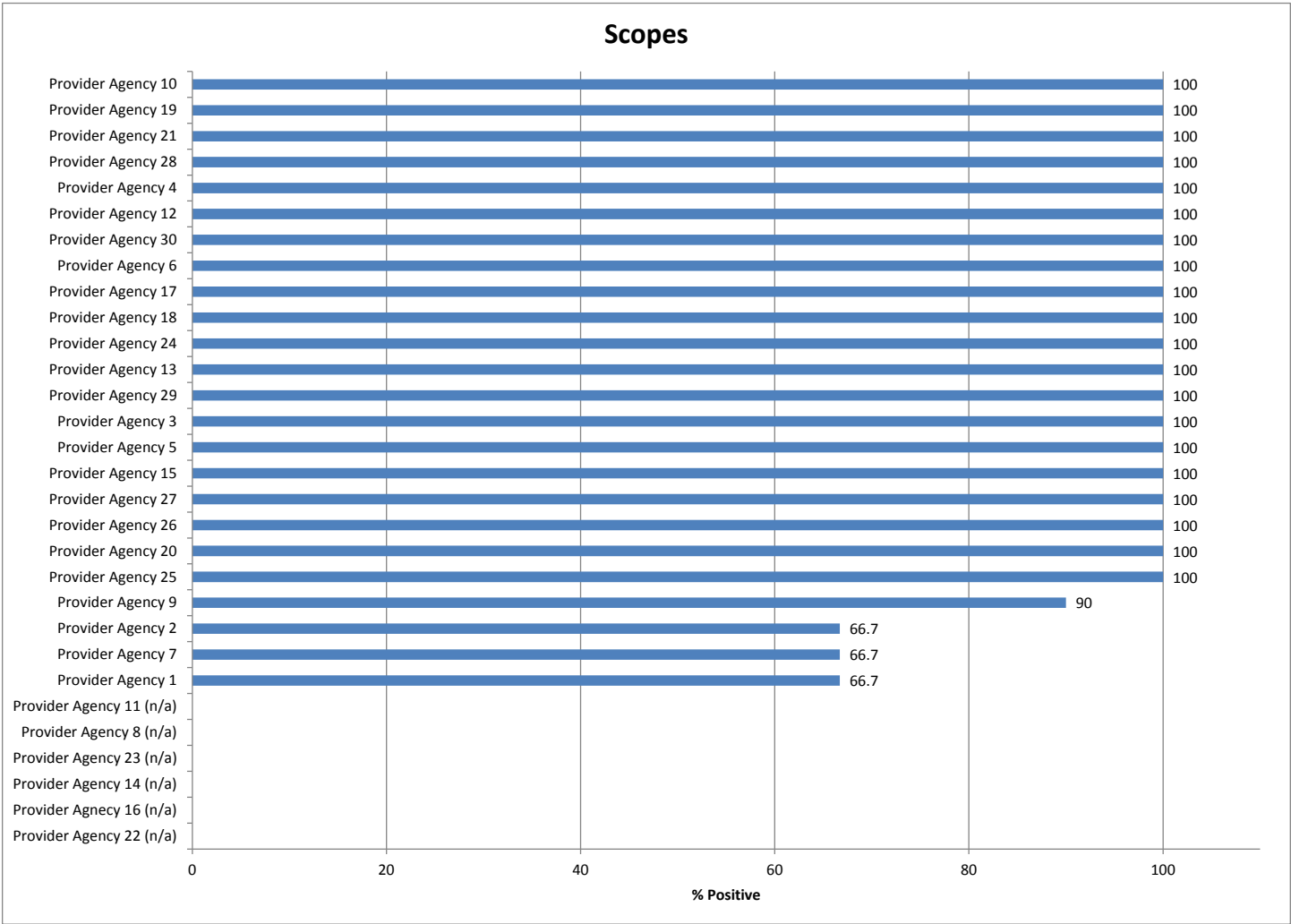


Figure 2 Scopes - (monitoring guide items sco1-sco20) – evidence to show that the agency meets level specific standards of care. Agencies with no measurable percentage rating did not have applicable level of scopes.



B. Personnel Domain

The Personnel domain includes the “Background Checks”, “Qualifications”, “Job Training”, and “Resource Parents” Indicators. The first three Indicators address: staff pre-hire and annual background checks; qualifications; and initial and ongoing job training. PAR does monitor staff background checks in coordination with DCS RHET, but does not duplicate items of RHET review. PAR review of personnel records also includes competency testing (post training) for case managers and annual performance evaluation for all staff. The “Resource Parent” Indicator consists of a review of initial and on-going training, as well as regular assessment of safety features of the home. The following graphs display evidence of compliance with specific requirements for these Indicators. Agencies without foster care services were not rated in this Indicator.

Figure 3 Background Checks – (monitoring guide items bc1-bc6, bca1-bca5) – evidence that required background checks were completed. Agencies with no measurable percentage rating did not have applicable background checks.

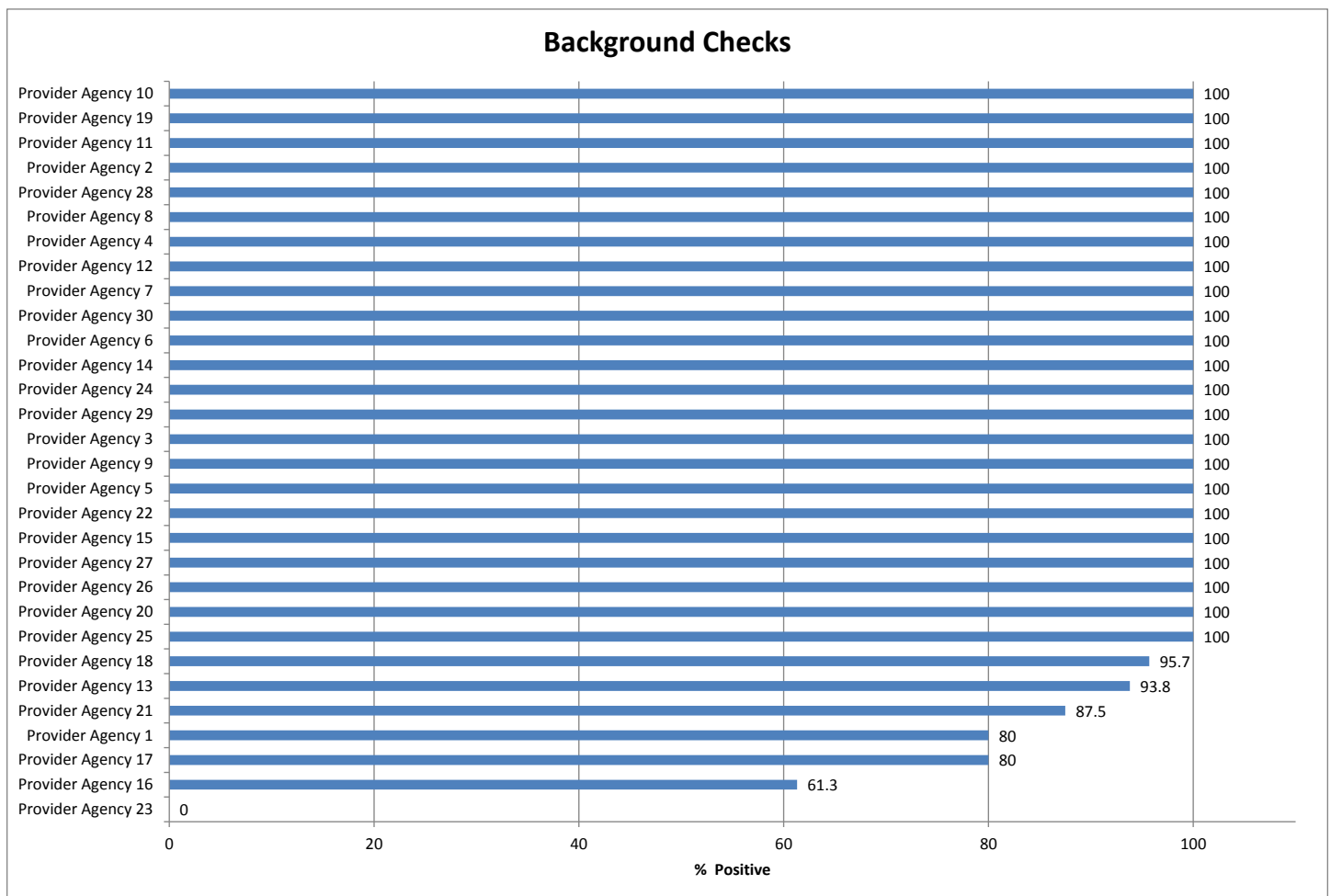


Figure 4 Qualifications – (monitoring guide items jr1-jr3) – evidence that all necessary job qualification requirements were met.

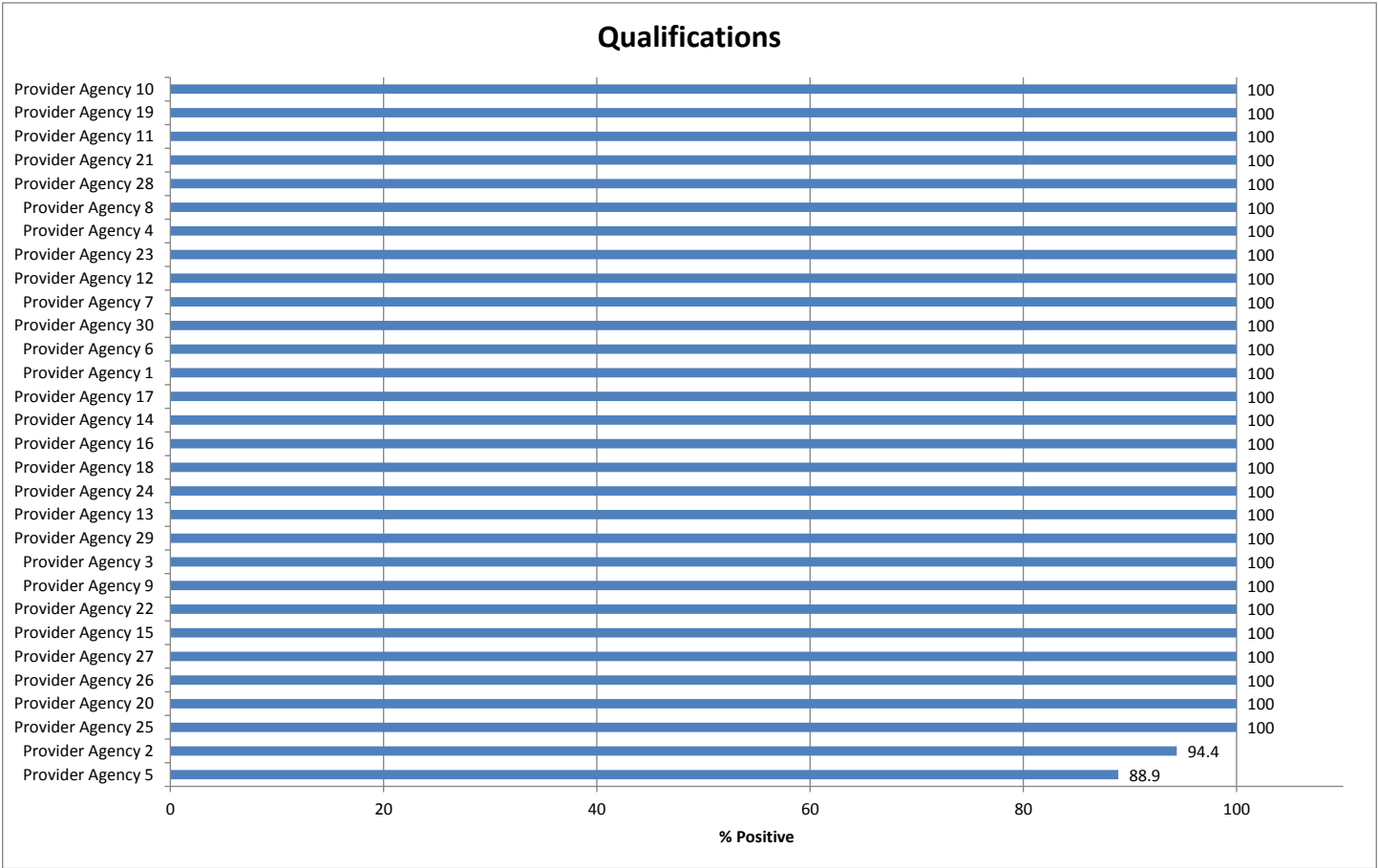


Figure 5 Job Training – (monitoring guide items at1-at6, tdc1-tdc13, tcm1-tcm10, cms1-cms3) – evidence to show that job training requirements have been met.

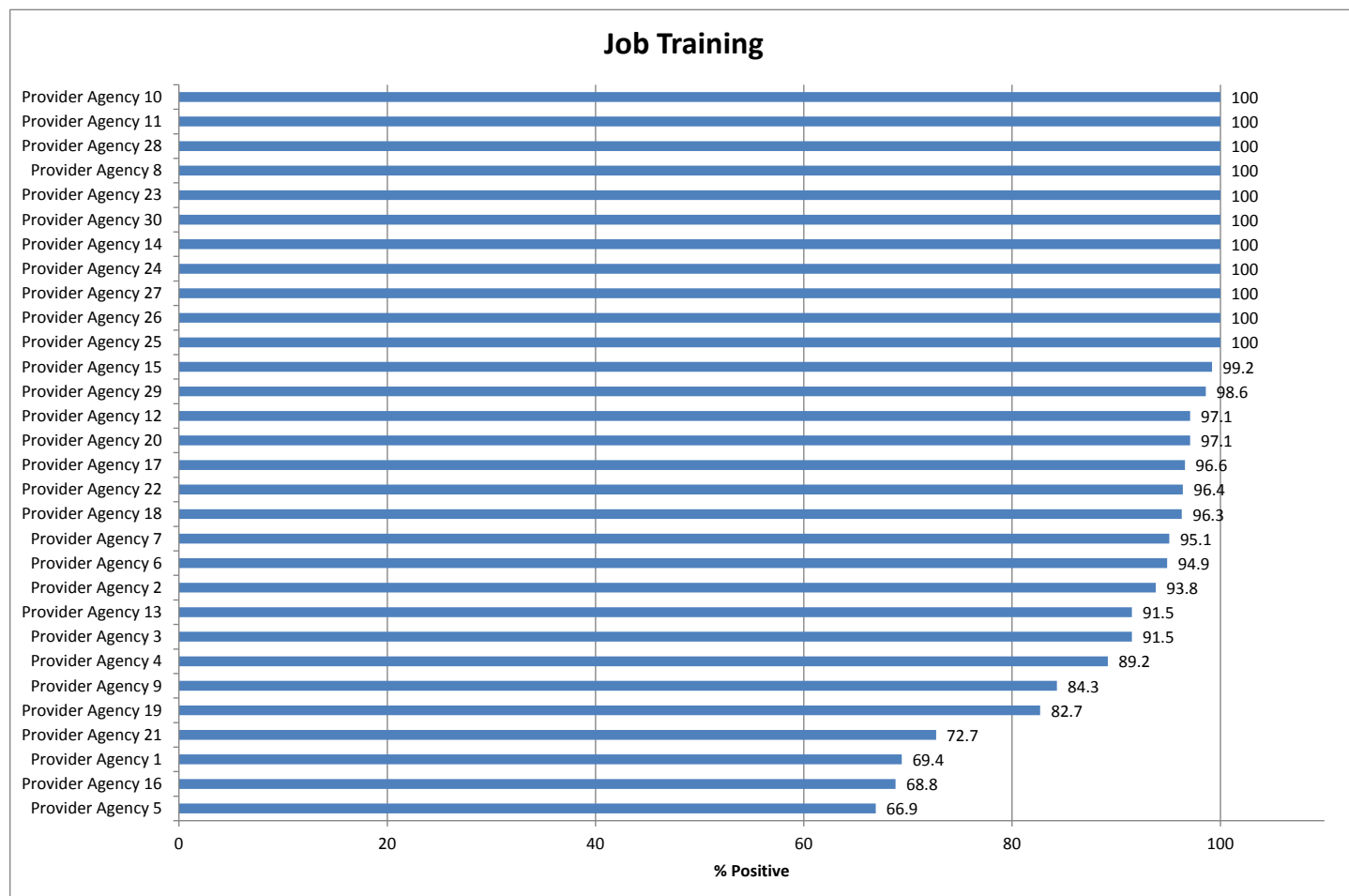
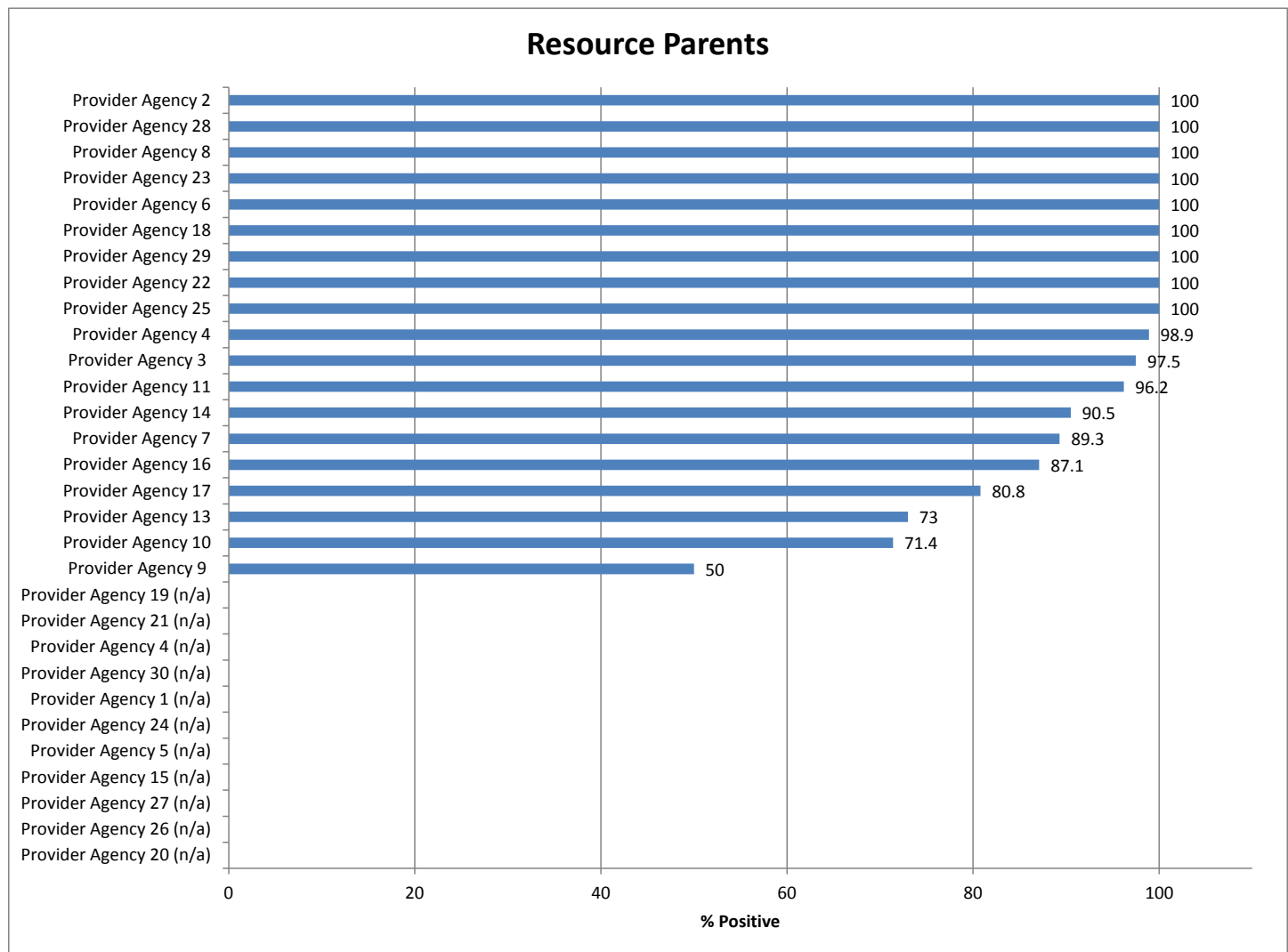


Figure 6 Resource Parents – (monitoring guide items rp1-rp15) – evidence that training and home safety standards for resource parents were met. Agencies with no measurable percentage rating did not offer foster care services.



C. Well-Being Domain

The Well-Being Domain includes the “Health Services Provision,” “Independent Living,” and “Transitional Living” Indicators. “Health Services Provision” focuses on agency compliance with needed client health services, as directed by the child’s latest Early Periodic Screening, Diagnosis, and Treatment Standards (EPSDT), signed consent and regular medical evaluation for the use of psychotropic medication, and documented medication administration. “Independent Living” and “Transitional Living” is monitored for treatment services to address assessed needs for age appropriate youth. Agencies where age appropriate (17 years) clients were not sampled for review were not rated for the “Transitional Living” Indicator.

Figure 7 Health Services Provision – (monitoring guide items hsp1-hsp8) – evidence that the agency followed through with EPSDT&T recommendations for medical services and that medication standards were met.

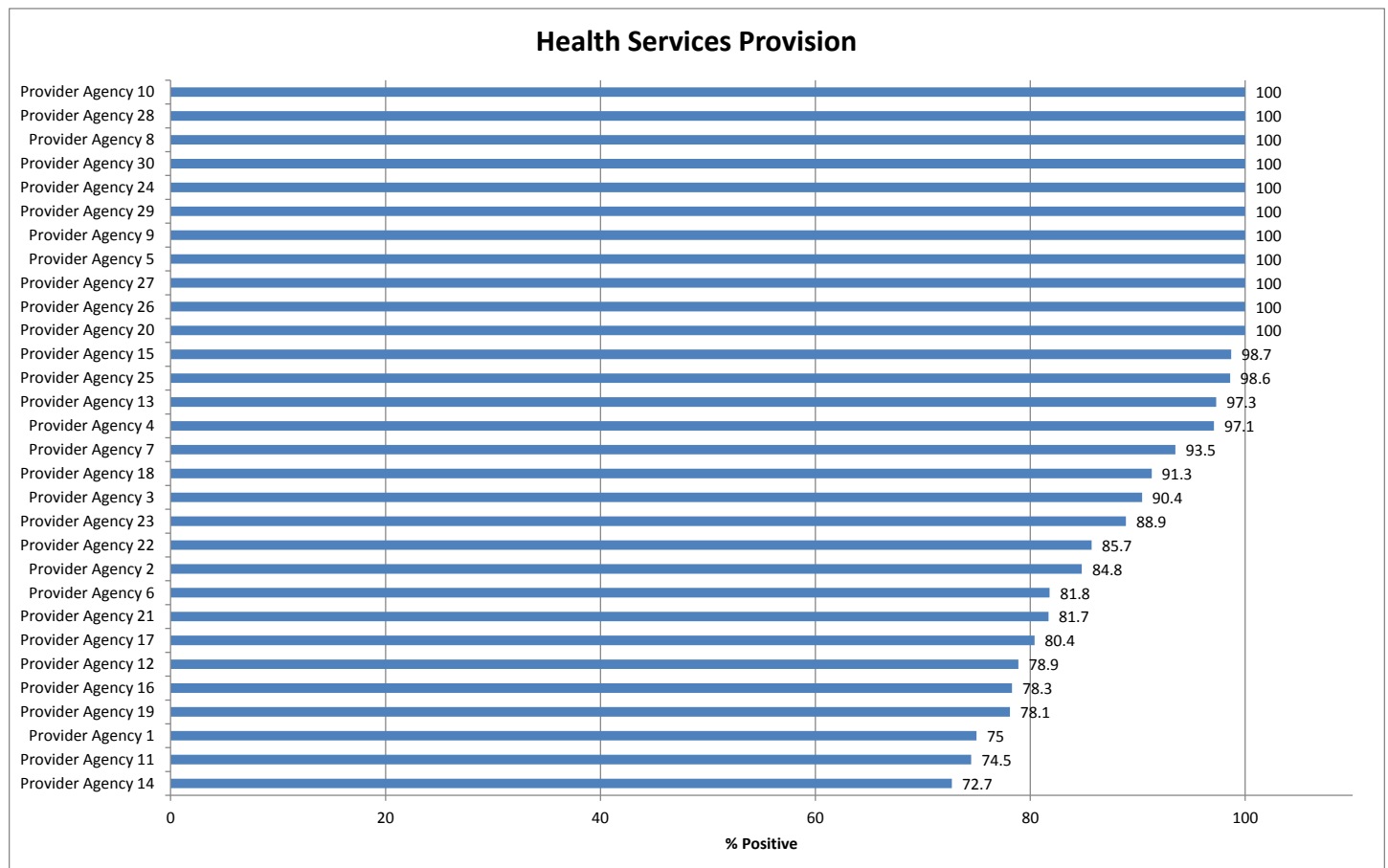


Figure 8 Independent Living - (monitoring guide items il1-il4) – evidence that services address independent living needs for age appropriate youth 14-16 years.

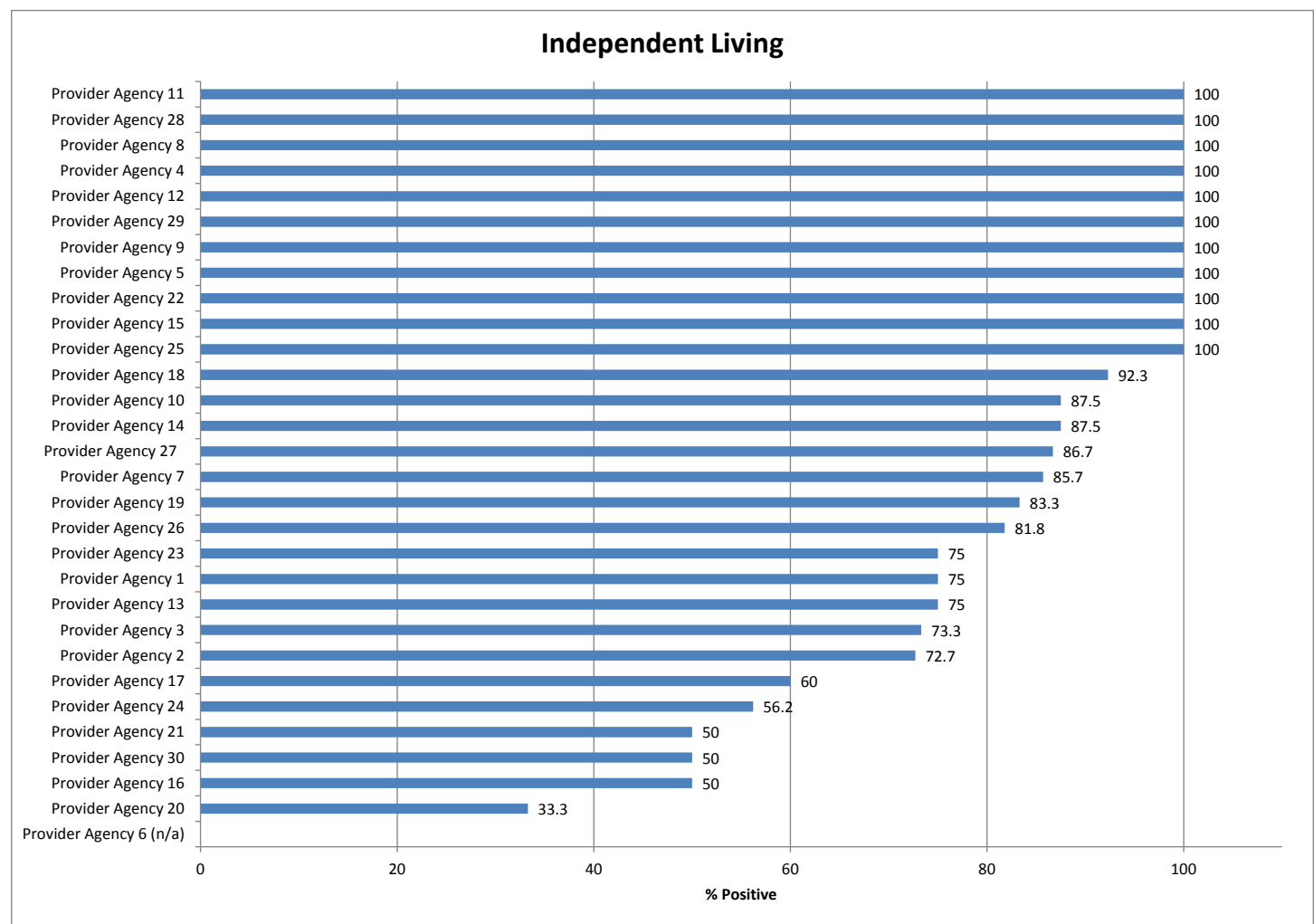
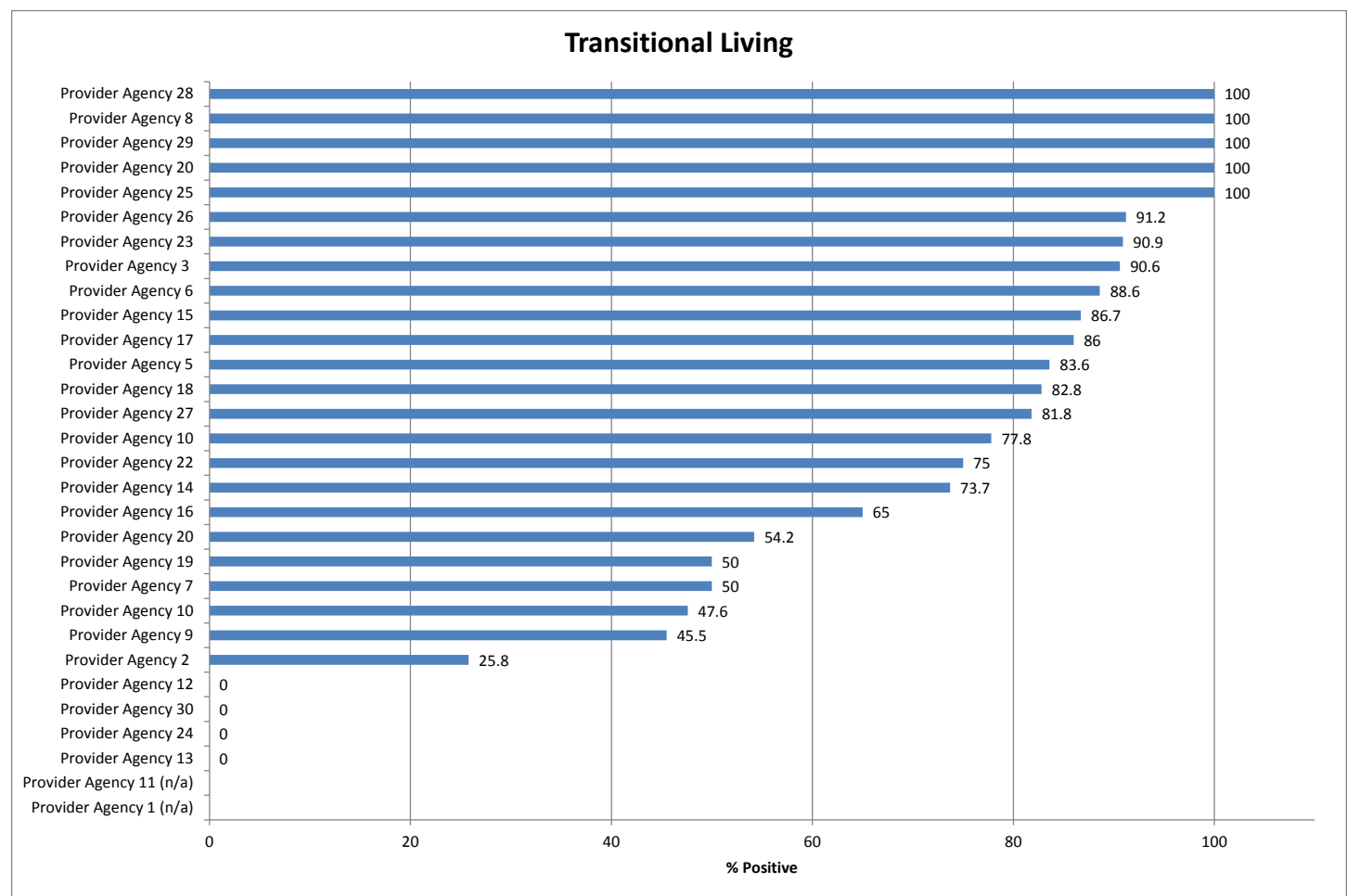


Figure 9 Transitional Living - (monitoring guide items tl1-tl11) – evidence that services address the transitional living needs for age appropriate youth 17 and older. Agencies with no measurable percentage rating did not have clients requiring this service.



D. Child Adolescent Needs and Strengths (CANS) Consistency Domain

The CANS Consistency Domain includes “Teaming,” “Planning,” “Implementation,” and “Tracking and Adaptation” Indicators. Ratings evaluate the extent to which there is evidence that the assessed CANS needs and strengths for the child and family are addressed with a treatment team approach to include the family and the DCS Family Service Worker (FSW). Treatment planning includes clear multi-faceted treatment services; and is adjusted regularly to adapt to the progress and continuing needs of the child. The following graphs display the percentage of items rated as “No evidence of a need to improve.”

Figure 10 Teaming - (actionable CANS items on CC monitoring guide) – Extent to which efforts to engage the child and family treatment team, including but not limited to the DCS Family Service Worker (FSW), are consistent with actionable child and family needs and strengths.

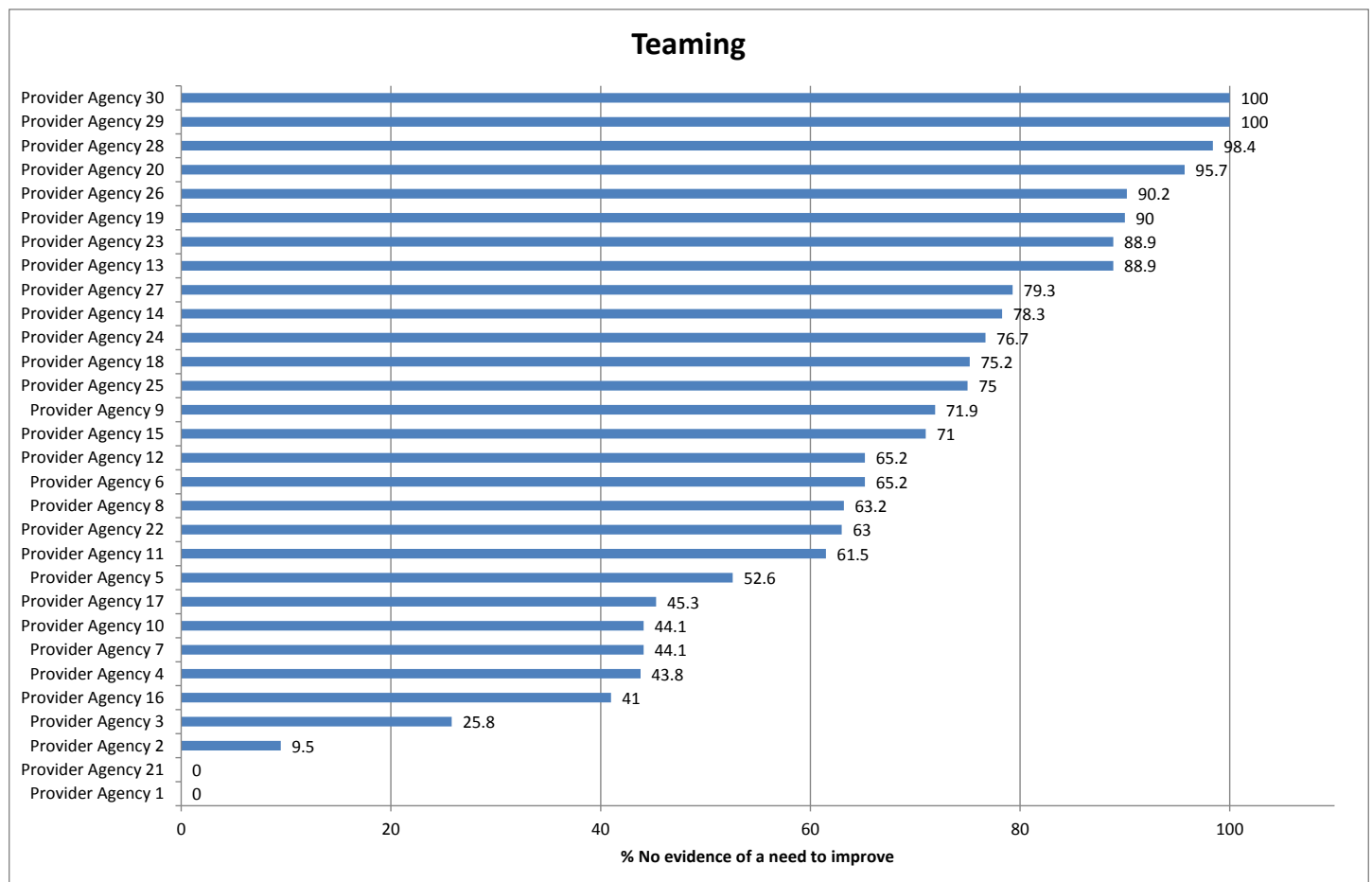


Figure 11 Planning – (actionable CANS items on CC monitoring guide) – Extent to which the planning of treatment interventions address actionable child and family needs and strengths.

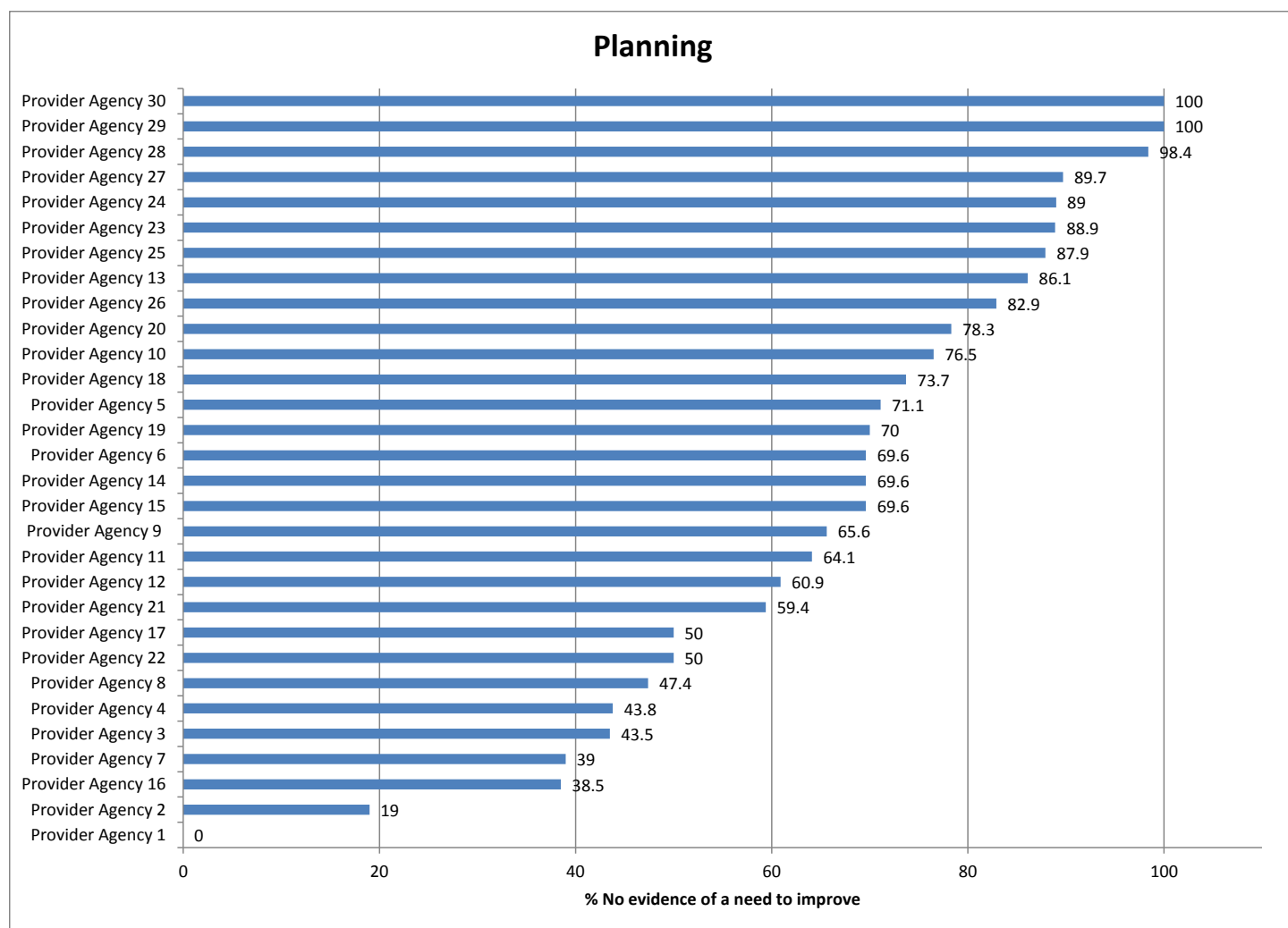


Figure 12 Implementation – (actionable CANS items on CC monitoring guide) – Extent to which the planned interventions delivered are consistent with CANS-identified child and family needs and strengths.

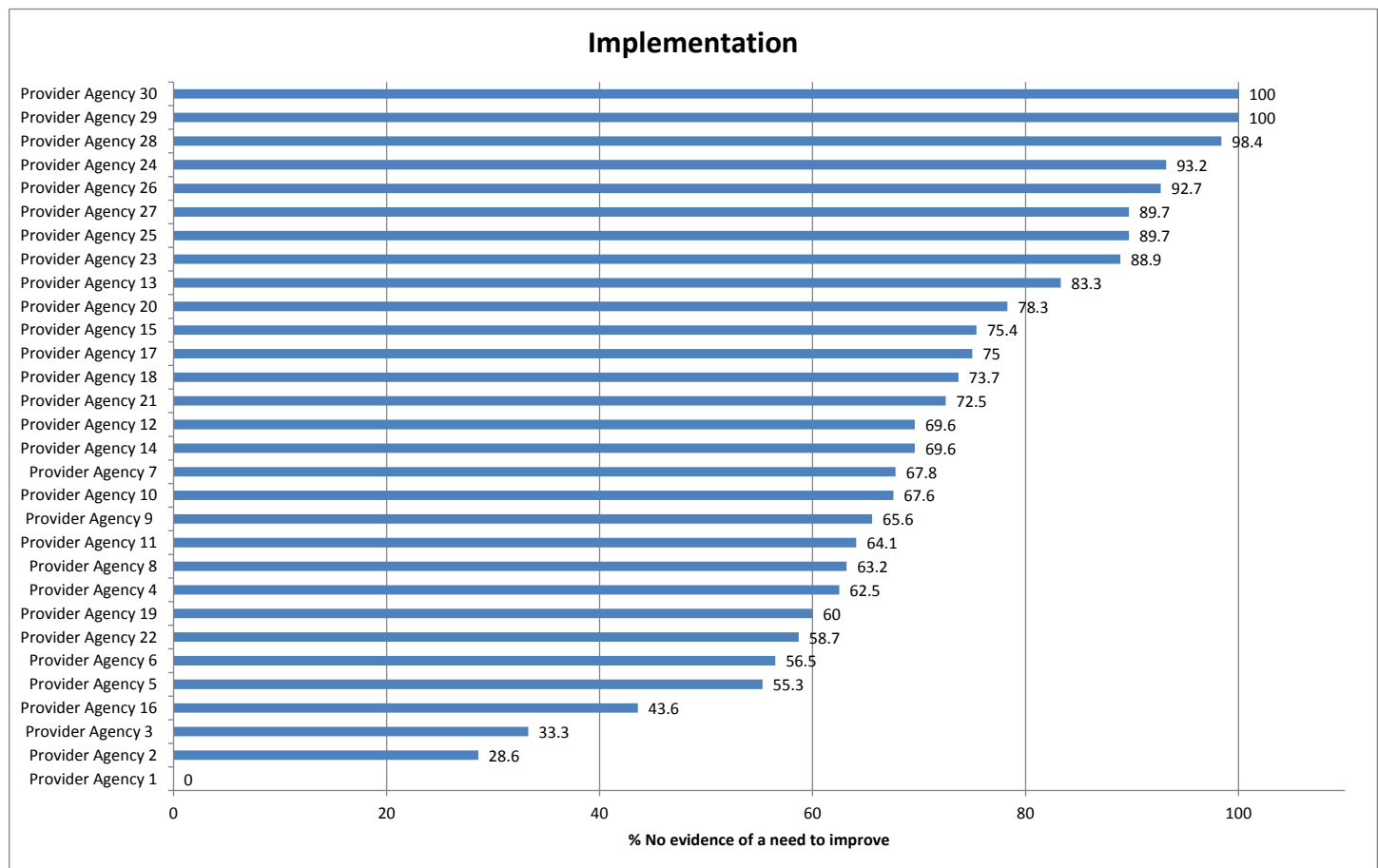
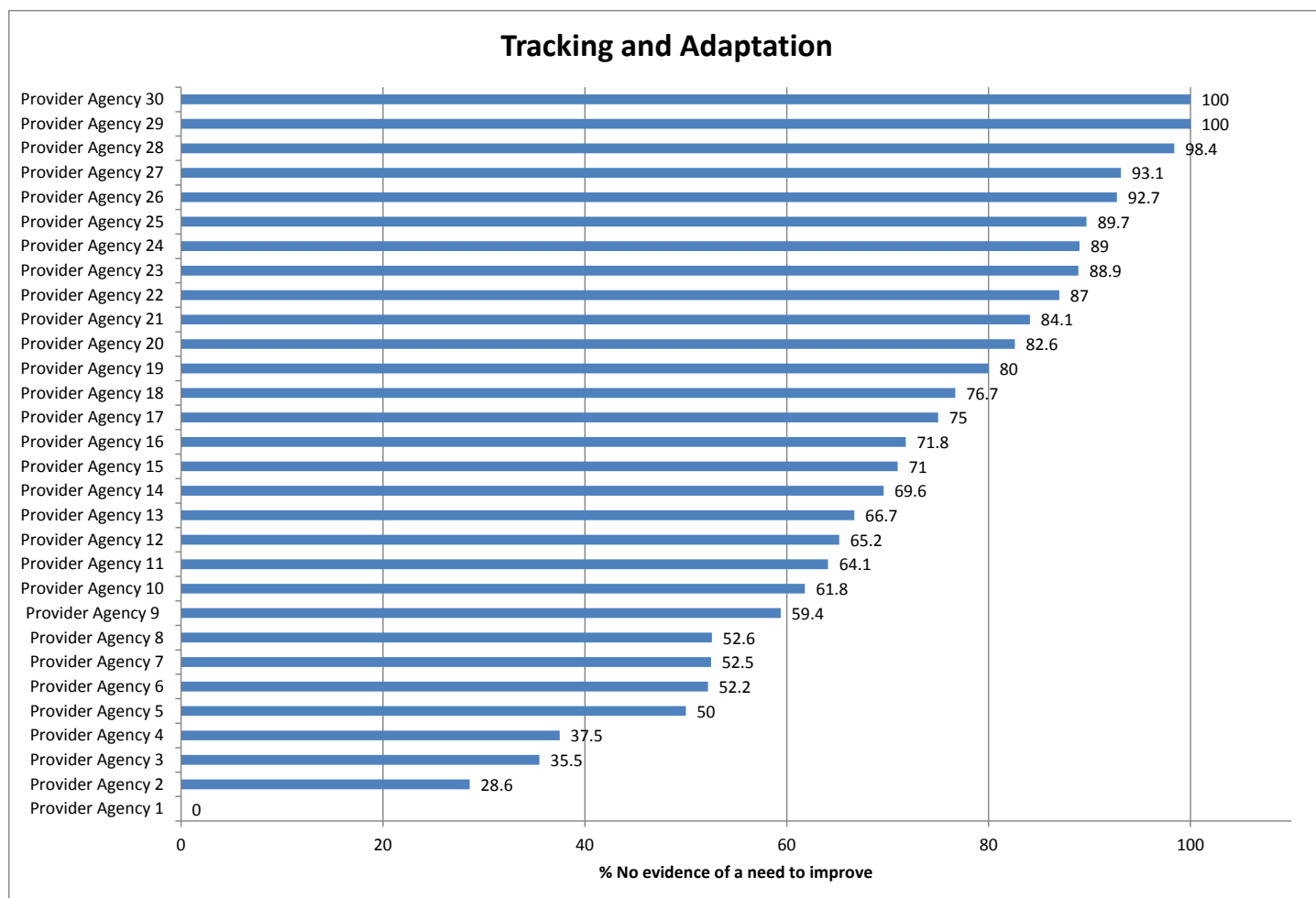


Figure 13 Tracking and Adaptation – (actionable CANS items on CC monitoring guide) – Extent to which CANS-identified child and family needs and strengths are tracked, changed, or adapted as necessary.



V. Summary

In an effort to promote provider performance improvements, PAR conducts a “Consultation Call” as a follow-up to all on-site reviews. The “Consultation Call” is designed to discuss any improvements, solutions or corrective actions taken or intended by the agency. During this time, PAR also informs the agency of DCS standards, new policies, and links the agency to DCS Specialists (e.g. Regional IL and TL Coordinators, CANS Consultants, and TFACTS Helpdesk) for training and consultation.

PAR strives to promote performance improvements and focus on strengths while allowing the agency to improve assessed weakness. We feel this monitoring approach aids PAR in strengthening community partnerships for improved services for custodial youth throughout the State of Tennessee; allowing PAR to carry out the Department’s mission to foster partnerships to protect children, develop youth, strengthen families, and build safe communities.

PAR staff appreciates the support and cooperation from DCS Program and Policy Stakeholders. The FY 2014 monitoring cycle of the PBC provider population began in December 2013. If you have suggestions, questions or concerns with PAR reports, results or the monitoring process, please contact our team members below:

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Jamillah Norrells Jamillah.Norrells@tn.gov

Agency Level Questions

PLACEMENT RESOURCE NAME

Monitor - Ei number of the monitor that completed the agency level questions (do not enter "Ei") Enter the number only.

STAFFING RATIOS, PATTERNS, AND STAFF TURNOVER

STO1: Do agency records indicate that foster care case management caseloads meet the requirements of the PPM? (weighted ratio - 20 reg FC to 10 therapeutic/medically Frag FC)

☐ Yes

☐ No

☐ N/A

STO1: Supplemental Information - Number of Case Managers

STO1: Supplemental Information - Number of Case Managers Over Caseload Limits

STO2: Do agency records indicate that congregate care caseloads are no more than 15?

☐ Yes

☐ No

☐ N/A

STO2sup1: Supplemental Information - Number of Case Managers

STO2sup2: Supplemental Information - Number of Case Managers Over Caseload Limits

STO3: Do agency records indicate that the case management supervisor is supervising 5 or fewer case managers?

☐ Yes

☐ No

☐ N/A

STO3sup1: Supplemental Information Number of Case Managers Supervised

STO3sup2: Supplemental Information: Number of Case Managers Being Supervised Over the Limit

STO4: Do all cases reviewed have an identified case manager?

☐ Yes

☐ No

☐ N/A

STO5: Of the cases reviewed, if a case manager resigns or is transferred, are the cases being re-assigned within 24 hours?

☐ Yes

☐ No

☐ N/A

SUBCONTRACTS

SUB1: Do sub-contracted services have written approval from DCS?

☐ Yes

☐ No

☐ N/A

SUB2: Is there evidence that the contractor monitors sub-contractors quarterly?

☐ Yes

☐ No

☐ N/A

SUB3: Does the contractor's case manager make monthly visits to children at the sub-contracted placement?

- ☐ Yes
☐ No
☐ N/A

QUALITY ASSURANCE AND OVERSIGHT

QA1: Does the agency have a QA/CQI policy? (Behavior management scorecard)

- ☐ Yes
☐ No
☐ N/A

QA2: Does the agency use data to inform the Quality Assurance process?

- ☐ Yes
☐ No
☐ N/A

QA3: Did the agency use the QA/CQI process to track progress of needed improvement from previous PAR or DCS reviews?

- ☐ Yes
☐ No
☐ N/A

QA4: Is there evidence that all incident reports are reported through the DCS automated Incident Report System in TFACTS?

- ☐ Yes
☐ No
☐ N/A

AGENCY POLICY ON SECLUSION AND RESTRAINT

Does this agency use seclusion?

- ☐ Yes
☐ No

Did the agency have any seclusion events in the past 3 months (the sampling period)?

- ☐ Yes
☐ No

Does this agency use physical restraint?

- ☐ Yes
☐ No

Did the agency have any physical restraint events in the past 3 months (the sampling period)?

- ☐ Yes
☐ No

SCOPES LEVEL 4 CONGREGATE CARE

DO LEVEL 4 SCOPES APPLY TO THIS AGENCY / PLACEMENT?

- ☐ Yes
☐ No

SCO1: Level 4 congregate care - At least 2 awake direct care staff members on duty/on site per ward per shift.

- ☐ Yes
☐ No
☐ N/A

SCO2: Level 4 congregate care - Supervision by a registered nurse 24 hours per day; with at least one nurse per building per shift.

- ☐ Yes
☐ No
☐ N/A

SCO3: Level 4 congregate care - Individual Therapy two times a week.

- ☐ Yes
☐ No
☐ N/A

SCO4: Level 4 congregate care - Family Therapy 1X week, or as advised by the CFT (F/F or telephone).

- ☐ Yes
☐ No
☐ N/A

SCO5: Level 4 congregate care - Psychiatric evaluation by treating psychiatrist within 3 days of admission.

- ☐ Yes
☐ No
☐ N/A

SC06: Level 4 congregate care - At least weekly contact with the psychiatrist on an ongoing basis.

☐ Yes
☐ No
☐ N/A

SC07: Level 4 congregate care - Progress summaries are entered into TFACTS at 14-day intervals.

☐ Yes
☐ No
☐ N/A

SCOPES LEVEL 3 CONGREGATE CARE

DO LEVEL 3 SCOPES APPLY TO THIS AGENCY / PLACEMENT?

☐ Yes
☐ No

SC08: Level 3 congregate care - 1/5 staff-client ratio days, 1/8 ratio nights, awake staff.

☐ Yes
☐ No
☐ N/A

SC09: Level 3 congregate care - Psychiatrist - initial psychiatric evaluation for all clients within two weeks of admit date.

☐ Yes
☐ No
☐ N/A

SC10: Level 3 congregate care - Psychiatrist - onsite face to face medication evaluations monthly.

☐ Yes
☐ No
☐ N/A

SC11: Are monthly psychiatric medication evaluation/services paid for through the agency per diem?

☐ Yes
☐ No
☐ N/A

SC12: Level 3 congregate care - Psychiatrist - documented participation with the treatment team for all clients.

☐ Yes
☐ No
☐ N/A

SC13: Level 3 congregate care - Medications administered by licensed medical or nursing staff.

☐ Yes
☐ No
☐ N/A

SC14: Level 3 congregate care - Individual Therapy 1X week, at least 30 minutes.

☐ Yes
☐ No
☐ N/A

SC15: Level 3 congregate care - Family Therapy 2X month, at least 1 hour.

☐ Yes
☐ No
☐ N/A

SC16: Level 3 congregate care - Clinical services provided weekly by a licensed therapist.

☐ Yes
☐ No
☐ N/A

SC17: Level 3 congregate care - Are clinical services provided by the licensed therapists paid through the per diem.

☐ Yes
☐ No
☐ N/A

SCOPES LEVEL 2 CONGREGATE CARE

DO LEVEL 2 SCOPES APPLY TO THIS AGENCY / PLACEMENT?

☐ Yes
☐ No

SC18: Level 2 congregate care - 1/8 staff-client ratio and awake night staff.

☐ Yes
☐ No
☐ N/A

SCO19: Level 2 congregate care - Family therapy 1X month (TennCare)

- ☐ Yes
☐ No
☐ N/A

SCO20: Level 2 congregate care - individual therapy 2X month (TennCare).

- ☐ Yes
☐ No
☐ N/A

POSTINGS

POS1: Is the comptroller's hotline number posted as required?

- ☐ Yes
☐ No
☐ N/A

POS2: Deficit Reduction Act - Fraud and Abuse: The agency has policy including whistleblower provision?

- ☐ Yes
☐ No
☐ N/A

POS3: Deficit Reduction Act - Fraud and Abuse: The Office of Inspector General sign is posted as required?

- ☐ Yes
☐ No
☐ N/A

Personnel

PLACEMENT RESOURCE
NAME

PERSONNEL NAME (LAST NAME, FIRST NAME)

DATE OF HIRE

JOB CLASSIFICATION

- ☐ Case Manager
- ☐ Case Manager Supervisor
- ☐ Clinical Director
- ☐ Clinical Services Provider / Therapist
- ☐ Direct Care
- ☐ Direct Care Supervisor
- ☐ Program Director
- ☐ Other

MONITOR Ei # - Ei number of the monitor that
completed this form. (enter the number only, do not
enter "Ei")

PRE-SERVICE CHECKS - FOR FOSTER CARE ONLY

Do Pre-Service Checks apply to this personnel?

- ☐ Yes
- ☐ No

BC1: fingerprints (prior to independent contact)?

- ☐ Yes
- ☐ No
- ☐ N/A

BC2: criminal records?

- ☐ Yes
- ☐ No
- ☐ N/A

BC3: child protective services?

- ☐ Yes
- ☐ No
- ☐ N/A

BC4: national sex offender registry?

- ☐ Yes
- ☐ No
- ☐ N/A

BC5: department of health abuse registry?

- ☐ Yes
- ☐ No
- ☐ N/A

BC6: driving records check?

- ☐ Yes
- ☐ No
- ☐ N/A

ANNUAL BACKGROUND CHECKS

Do annual background checks apply to this personnel?

- ☐ Yes
- ☐ No

BCA1: Does the personnel file include ANNUAL
BACKGROUND checks for methamphetamines?

- ☐ Yes
- ☐ No
- ☐ N/A

- BCA2: Does the personnel file include ANNUAL BACKGROUND checks for TN felony offender?
- ☐ Yes
☐ No
☐ N/A
- BCA3: Does the personnel file include ANNUAL BACKGROUND checks for national sex offender registry?
- ☐ Yes
☐ No
☐ N/A
- BCA4: Does the personnel file include ANNUAL BACKGROUND checks for department of health abuse registry?
- ☐ Yes
☐ No
☐ N/A
- BCA5: Does the personnel file include ANNUAL BACKGROUND checks for driving records check?
- ☐ Yes
☐ No
☐ N/A

QUALIFICATIONS

- Do QUALIFICATIONS apply to this personnel?
- ☐ Yes
☐ No
- JR1: Does the personnel file show that staff met their job requirements through verification of required education prior to hire (case manager, direct care, case manager supervisor)?
- ☐ Yes
☐ No
☐ N/A
- JR2: Does the personnel file show that staff met their job requirements through documentation of work experience prior to hire (case manager)?
- ☐ Yes
☐ No
☐ N/A
- JR3: Does the personnel file show that staff met their job requirements through verification of license? (nurse, therapist)
- ☐ Yes
☐ No
☐ N/A

ALL STAFF TRAINING

- AT1. Medication Administration Training (Staff administering or supervising medication administration, N/A for Nurses)
- ☐ Yes
☐ No
☐ N/A
- AT2. Psychotropic Medication Training (Initial and Every Two Years, N/A for Nurses)
- ☐ Yes
☐ No
☐ N/A
- AT3. Physical Restraint Training (If Applicable)
- ☐ Yes
☐ No
☐ N/A
- AT4. CPR certification (only with Physical Restraint Training)
- ☐ Yes
☐ No
☐ N/A
- AT5. Deficit Reduction Act - Fraud and Abuse Training, including whistle-blower information (Initial and Annual)
- ☐ Yes
☐ No
☐ N/A
- AT6. Annual Performance Evaluation (within the previous year)
- ☐ Yes
☐ No
☐ N/A

DIRECT CARE STAFF TRAINING

Do DIRECT CARE STAFF questions apply to this personnel?

☐ Yes
☐ No

Does the personnel file include documentation of pre-service training for DIRECT CARE STAFF in the following areas prior to independent work with clients:

TDC1: first aid

☐ Yes
☐ No
☐ N/A

TDC2: de-escalation

☐ Yes
☐ No
☐ N/A

TDC3: recognition of substance abuse

☐ Yes
☐ No
☐ N/A

TDC4: child abuse prevention and reporting

☐ Yes
☐ No
☐ N/A

TDC5: suicide prevention

☐ Yes
☐ No
☐ N/A

TDC6: HIPPA / confidentiality

☐ Yes
☐ No
☐ N/A

TDC7: cultural awareness

☐ Yes
☐ No
☐ N/A

TDC8: sexual harassment prevention

☐ Yes
☐ No
☐ N/A

TDC9: CPR (if applicable)

☐ Yes
☐ No
☐ N/A

TDC10: Serious Incident Reporting

☐ Yes
☐ No
☐ N/A

TDC11: fostering positive behavior (DCS CD optional)

☐ Yes
☐ No
☐ N/A

TDC12: Does the personnel file show that the direct congregate care staff received a minimum of 30 pre-service hours?

☐ Yes
☐ No
☐ N/A

TDC13: Does the personnel file show that direct congregate care staff received a minimum of 24 hours of annual training?

☐ Yes
☐ No
☐ N/A

CASE MANAGER STAFF TRAINING

Do case manager pre-service training questions apply to this personnel?

☐ Yes
☐ No

Does the personnel file include documentation of PRE-SERVICE training for CASE MANAGMENT STAFF in the following areas prior to independent work with clients:

TCM1: Is there documentation of case manager pre-service training for building a trusting relationship? (Engagement, Teaming)

☐ Yes
☐ No
☐ N/A

TCM2: Is there documentation of case manager pre-service training for family centered assessment? (Assessment)

☐ Yes
☐ No
☐ N/A

TCM3: Is there documentation of case manager pre-service training for family centered planning? (Planning, Implementation, Tracking, and Adjusting)

☐ Yes
☐ No
☐ N/A

TCM4: Is there documentation of case manager pre-service training for fostering positive behavior?

☐ Yes
☐ No
☐ N/A

TCM5: Is there documentation of case manager pre-service training for serious incident reporting?

☐ Yes
☐ No
☐ N/A

TCM6: Is there documentation of FOSTER CARE case manager training in client education? (2 hours - Initial and Annual)

☐ Yes
☐ No
☐ N/A

TCM7: Did the case manager complete at least 80 hours of pre-service training prior to having an independent caseload?

☐ Yes
☐ No
☐ N/A

TCM8: Did the case manager complete at least 80 OTJ hours of supervised field training prior to having an independent caseload?

☐ Yes
☐ No
☐ N/A

TCM9: Did the case manager complete a post training competency assessment process prior to having an independent caseload?

☐ Yes
☐ No
☐ N/A

TCM10: Did the case manager complete at least 40 hours of annual training?

☐ Yes
☐ No
☐ N/A

CASE MANAGER SUPERVISOR TRAINING

Do case manager supervisor questions apply to this personnel?

☐ Yes
☐ No

CMS1: Did the case manager supervisor complete 40 hours of supervisory training beginning within two weeks of initiating responsibility and completed within six months?

☐ Yes
☐ No
☐ N/A

CMS2: Did the case manager supervisor complete a competency assessment process for initial training?

☐ Yes
☐ No
☐ N/A

CMS3: Did the case manager supervisor complete at least 24 hours of annual training?

- ☐ Yes
- ☐ No
- ☐ N/A

APPENDIX P

2014 Placement Exception Request Form



Tennessee Department of Children's Services
Placement Exception Request

Using the information in PART III, please write the letter and number of all exceptions that are being accounted for on this form in the Child Information Section. For a **Brian A.** child in detention, skip to Part VII.

*** Note:** Children who are not in the same family case shall not be listed on the same form.

PART I: CHILD INFORMATION							
	CHILD NAME	TFACTS Person ID	DATE OF BIRTH	COUNTY OF COMMITMENT	GUARDIAN- SHIP STATUS	FSW	EXCEPTIONS FOR EACH CHILD (ex. a.2, b.2, c)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PART II: PLACEMENT INFORMATION – List this information for each child using the same order as above							
	PROVIDER NAME OR "DCS"	NAME OF PLACEMENT	PLACE- MENT LEVEL	PLACE- MENT DATE	# Foster Children (Resource Homes Only)	# Birth/Adopted Children (Resource Homes Only)	Total # Children (Resource Homes Only)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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PART III: TYPES OF EXCEPTIONS

(a) Placed outside of region AND outside of 75 mile radius

1. The child's needs are so exceptional that they cannot be met by a family or facility within the region (permissible under *Brian A.*) – ONLY TO BE USED FOR LEVEL 4, SEX OFFENDER, ALCOHOL & DRUG, PTC, AND DEVELOPMENTAL DELAY PLACEMENTS
2. The child needs to change placements and the child's permanency goal is "Return to Parent", and the parent(s) resides out of the region (permissible under *Brian A.*)
3. The child is to be placed with a relative out of the region and outside of 75 mile radius (permissible under *Brian A.*)
4. The child is being placed in a pre-adoptive home
5. There are no placements currently available within the region and within 75 miles that will accept this child
6. This child is already being served by a provider agency; the provider matched this child to one of their placements in another region (or outside 75 miles); and there was RA to RA approval
7. The child needs residential treatment and there is no congregate care facility in region
8. The child needs residential treatment and there is a congregate care facility in region, but it does not meet the child's needs (for the types of placements listed in #1 above, use #1)
9. The child needs residential treatment and the facility within region could meet his/her needs but has no available space at this time
- X. None of the above. Explain:

(b) Child remaining in a PTC for over 30 days

1. Private provider did not complete assessment (including psychosexual assessments) within 30 days
2. Assessment completed within 30 days, but appropriate placement not secured (awaiting placement)
- X. None of the above. Explain:

(c) Multiple PTC placements within a 12 month period

1. For an individual placement episode for runaways and children facing a direct threat to their safety, or who are a threat to the safety of others, where immediate removal is necessary (permissible under *Brian A.* for a maximum of 5 days)
2. A single additional placement in a primary treatment center (PTC), if a child's behavior has changed so significantly that placement for the purposes of assessment is critical for the determination of an appropriate placement (permissible under *Brian A.* for up to a maximum of 15 days)
- X. None of the above. Explain:

(d) Separation of Siblings – USE FOR SIBLING GROUPS PLACED INTO CUSTODY WITHIN 30 DAYS OF EACH OTHER AND/OR BABIES BORN INTO THE SIBLING GROUP

Please specify the number of siblings that are currently in the sibling group:

1. Placing together is harmful to one or more of the siblings (permissible under *Brian A.*)
2. One of the siblings has such exceptional needs that can only be met in a specialized program or facility (permissible under *Brian A.*)
3. The size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together (permissible under *Brian A.*) – ONLY TO BE USED FOR SIBLING GROUPS CONTAINING 6 OR MORE SIBLINGS
4. One or more of the siblings is being placed with kin

- 5. Unable to locate a home that would take all of the siblings in this sibling group together
- X. None of the above. Explain:

(e) More than 3 foster children in a resource home

- 1. Such placement is in the best interests of all the foster children in the home (permissible under *Brian A.*)
- 2. This is a sibling group and there are no other foster children in the home (permissible under *Brian A.*)
- 3. A resource home cannot be located that will accept this child(ren) that would be less than 3 foster children despite a diligent search
- 4. This child was already placed in the home and another child being placed in this same home is resulting in the PER
- X. None of the above. Explain:

(f) More than 6 total children (including birth and adopted children) in a resource home

- 1. Such placement is in the best interests of all the foster children in the home (permissible under *Brian A.*)
- 2. This is a sibling group and there are no other foster children in the home (permissible under *Brian A.*)
- 3. A resource home cannot be located that will accept this child(ren) that would be less than 6 total child(ren) despite a diligent search
- 4. This child was already placed in the home and another child being placed in this same home is resulting in the PER
- X. None of the above. Explain:

(g) More than 3 children under the age of 3 in the home

- 1. Such placement is in the best interests of all the foster children in the home (permissible under *Brian A.*)
- 2. This is a sibling group and there are no other foster children in the home (permissible under *Brian A.*)
- 3. A resource home cannot be located that will accept this child(ren) that would be less than 3 children under age 3 despite a diligent search
- 4. This child was already placed in the home and another child being placed in this same home is resulting in the PER
- X. None of the above. Explain:

(h) More than 2 therapeutic (medically fragile or Level 2 or 3) children in the home

- 1. Such placement is in the best interests of all the foster children in the home
- 2. This is a sibling group and there are no other foster children in the home
- 3. A resource home cannot be located that will accept this child(ren) that would be less than 2 therapeutic children despite a diligent search
- 4. This child was already placed in the home and another child being placed in this same home is resulting in the PER
- X. None of the above. Explain:

(i) Child under age 6 placed in congregate care (any non-resource home placement)

- 1. The child has exceptional needs which cannot be met in a resource home but which can be met by the congregate care facility in which the child is placed (permissible under *Brian A.*)
- X. None of the above. Explain:

(j) Congregate care placement (facility with a capacity greater than 8)

- 1. The child's needs can be met in that specific facility and that facility is the least restrictive

- placement that could meet the child's needs (permissible under *Brian A.*)
2. A resource home cannot be located that will accept this child(ren) despite a diligent search.
 - X. None of the above. Explain:

- (k) Separation of children of minor parents in foster care
1. Placing together is harmful to the minor child or infant
 2. The child or minor parent have such exceptional needs that they can only be met in a specialized program or facility; or
 - X. None of the above. Explain:

* The exceptions specifically listed on the Brian A. Settlement Agreement have "permissible under *Brian A.*" next to them.

PART IV: DETAILED JUSTIFICATION OF PLACEMENT

Please describe why this placement is being made and why this is or is not the optimal placement for these child(ren).

PART V:

Please list all available resources (DCS Resource Homes) contacted, the outcome of those contacts, and any notes/reasons given.

In addition to the list above, please mark an X as appropriate for any provider agency contacted regarding placement:

Alternative Youth Services	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Camelot Care Centers	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Centerstone CMHC	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
ChildHelp	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Chambliss Center for Children ChildHelp	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
C&CS (Steppenstone)	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Florence Crittenton	<input type="checkbox"/> Was contacted but did	<input type="checkbox"/> Was contacted but did not

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Agency	not place child	respond
FreeWill Baptist Home for Children	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Frontier Health	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
G4S	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Goodwill Homes	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Helen Ross McNabb	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Holston	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Keys	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Kings Daughters	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Memphis Recovery Centers	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Meritan	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Middle Tennessee Collaborative	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Omni Visions	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Parkridge Valley	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Partnership	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Porter Leath	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Smoky Mountain Children's Home	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Tennessee Children's Home	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Upper Cumberland HRA	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Wayne Halfway House	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Youth Villages	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
Youthtown of Tennessee	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond
	<input type="checkbox"/> Was contacted but did not place child	<input type="checkbox"/> Was contacted but did not respond

Submitted by:

Contact Info:

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PART VI: Regional Administrator Approval (or designee---only to be used if RA unavailable)

Prior to Placement---Please check the appropriate box if necessary

☐ Verbal/Email Approval Granted

Date: Time:

☐ Placement Occurred without RA Approval Beforehand

Explanation for placements made prior to RA approval:

If RA to RA Approval was needed, please mark below:

☐ Verbal/Email Approval Granted

Date: Time:

PART VII: *Brian A.* child in jail, correctional or detention facility

CHILD NAME	FSW	TFACTS PERSON ID	DOB	PROVIDER	PLACE- MENT LOCATION	COUNTY OF COMMIT- MENT	DATE OF PLACE- MENT	REASON

(I) *Brian A.* youth in a jail, correctional or detention facility

1. Youth has been ordered into a detention by the court

2. Youth has been charged with a delinquency charge by the court

X. Other. Explain: *

*** If other is selected, *Brian A.* youth needs to be placed immediately in the most appropriate placement setting. Indicate date and name of the placement:**

RA Signature

Date

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APPENDIX Q

2013-14 Quality Service Review Voice and Choice of the Child and Family and Engagement Indicators

This Appendix includes pieces of the 2013-14 Quality Service Review protocol as they describe the new Voice and Choice of the Child and Family indicator and the new Engagement indicator.

Voice and Choice of the Child and Family:

Do the child and family demonstrate commitment to the change process? Are the child and family actively participating and involved in shaping and guiding decisions about their future? Do the child and family have a choice in services and supports, and do they have a voice in the team process which affords them the right to own and direct the service process?

The central concern of this indicator is that the child and family are committed to the process of change. Case planning and service provision should build on the strengths of the child and family and value their strengths, culture, views, and preferences. When families are actively involved in collaborative and open decision making and case planning, they are more likely to understand their roles in the change process, and demonstrate a sense of ownership in the workings of the team.

- “Actively involved” for a parent means the parent has a voice and choice in identifying strengths and needs, identifying services and providers, establishing goals in case plans, evaluating progress toward goals, and discussing the case plan in team meetings.
- “Actively involved” for a child means the child has a voice and choice regarding his or her own goals and services, understands the plan and terms used in the plan based on his or her level of development, and is included in the child and family team meetings when age appropriate.

The family’s active participation in shaping and directing service arrangements that impact their lives may be supported by a trust-based, supporting relationship with team members. Defining roles and building relationships counterbalances the inherent difficulties of, and natural resistance to, change families will experience. Whatever efforts are made, commitment to and understanding of the change process by the child and family are the keys to engagement.

The practice assumption behind this indicator is that birth family/family of origin is always the first, primary focus of change strategies. If this is not the case, or as cases evolve, the relative influence of others (*e.g.* pre-adoptive parents or other permanent caregivers) in shaping the child’s future should be considered in rating this indicator.

The new *Engagement*:

How well are professionals working with the child and family demonstrating cultural competence, respect, genuineness, and empathy? How well do professionals focus on family strengths in the process of assessing, planning, and delivering service to the child and family? How diligent are efforts to reach out, locate, engage, and accommodate the needs of the child and family?

Engagement focuses on the diligence of professionals in locating, reaching out to, building relationships with, and overcoming barriers of the child and family in order to ensure that the child and family are participating in the process of change. Engagement should build on the strengths of the child and family and value their strengths, culture, views, and preferences. Open casework relationships communicate a belief in family strengths and resiliency and support honest and timely assessment of progress.

In order to develop open, trusting, and cooperative relationships with the child and family, professionals should employ the following best practices:

- Approach the child and family from a position of respect and empathy.
- Engage the child and family around their functional strengths in order to build unique, family-oriented interventions.
- Include the child and family in all aspects of the case process.
- Encourage the child and family to take a leadership role in directing the assessment, planning, and service provision.
- Employ flexibility and creativity in accommodating the child and family's needs, including the timing and location of meetings and services, access to transportation and financial assistance, and development of supports.

Defining roles and building relationships counterbalances the inherent difficulties of, and natural resistance to, change families will experience. Whatever efforts are made, commitment to and understanding of the change process by the child and family are the keys to engagement.

The practice assumption behind this indicator is that birth family/family of origin is always the first, primary focus of change strategies. If this is not the case, or as cases evolve, the relative influence of others (e.g. pre-adoptive parents or other permanent caregivers) in shaping the child's future should be considered in rating this indicator.